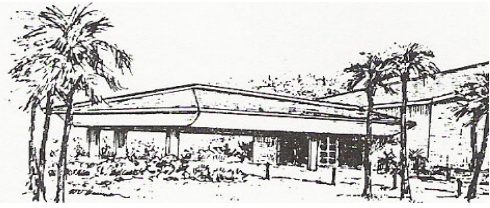


**ST. PAUL OF THE CROSS
CATHOLIC CHURCH**
Founded in 1970



10970 Jack Nicklaus Dr. (A1A) North Palm Beach, FL 33408 (561) 626-1873 joannereled@bellsouth.net

DATE: _____

New Student Registration for Religious Education

Family Last Name _____ Home Phone _____

Address _____ City _____ Zip _____

E-mail address _____

Father _____
first & last name religion occupation daytime phone number

Mother _____
first & last name religion occupation daytime phone number

Stepparent/
Guardian _____
first & last name religion occupation daytime phone

Additional telephone number(s) – cell _____

Student(s) live with: ___ both parent's ___ mother ___ father ___ other _____

Mail should be addressed to: _____

Emergency Contact number (Other than home phone) _____

Name _____ Relationship _____

Registered members of St. Paul of the Cross Parish for _____ years.

I am willing to help with the Religious Education Program this year:
___ as a teacher ___ as an aide ___ for special event
___ as a member of the Children's Liturgy of the Word Team
at 9:00 Sunday Mass

CHILD 1 _____
first name middle name last name nickname -- known as
 Date of Birth _____ City & State _____ School _____ Grade _____

Previous Religious Education _____
Church city & state grade(s) completed

SACRAMENTAL INFORMATION:

Sacrament	Date	Name of Church	City & State
BAPTISM			
RECONCILIATION			
HOLY EUCHARIST			
CONFIRMATION			

CHILD 2 _____
first name middle name last name nickname -- known as
 Date of Birth _____ City & State _____ School _____ Grade _____

Previous Religious Education _____
Church city & state grade(s) completed

SACRAMENTAL INFORMATION:

Sacrament	Date	Name of Church	City & State
BAPTISM			
RECONCILIATION			
HOLY EUCHARIST			
CONFIRMATION			

CHILD 3 _____
first name middle name last name nickname -- known as
 Date of Birth _____ City & State _____ School _____ Grade _____

Previous Religious Education _____
Church city & state grade(s) completed

SACRAMENTAL INFORMATION:

Sacrament	Date	Name of Church	City & State
BAPTISM			
RECONCILIATION			
HOLY EUCHARIST			
CONFIRMATION			

Name of any child in your family in need of the Sacrament of Baptism:

Name of any child in your family who is older than second grade and who has not received the Sacrament of Reconciliation: _____

Holy Eucharist: _____

Do any of the children who are enrolling have any physical or learning difficulties?

___Yes ___No

If yes, please give the name of the child and how we can help.

Does this child attend special education classes? ___Yes ___No

Does this child attend a special school? ___Yes ___No

My child is a 6th and/or 7th grader and would like to attend the evening

Religious Education class. ___yes ___no

Parent Signature _____

Date _____

***FOR OFFICE USE ONLY**

TUITION (registered family):

___\$60 one student ___\$90 two students, same family

___\$110 three or more students, same family

(non-registered family):

___\$75 one student ___\$100 two students, same family

___\$125 three or more students, same family

PAID: _____
 initials date check #