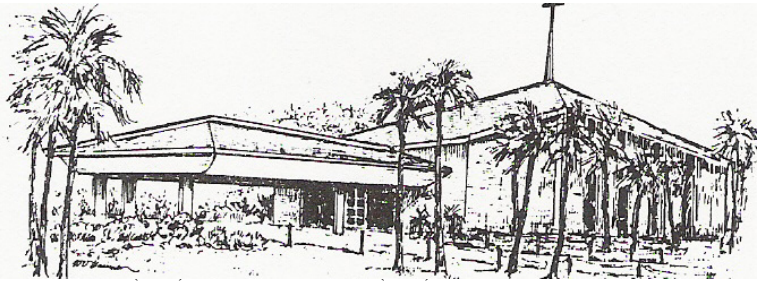


ST. PAUL OF THE CROSS CATHOLIC CHURCH

Founded in 1970



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

DATE: _____

Re-registration for Religious Education

Family Last Name _____ Home Phone _____

Address _____ City _____ Zip _____

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 number _____

E-mail address _____

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 teacher ___as aide ___for special events
___as a member of the Children's Liturgy of the Word Team
at 9:00 Sunday Mass

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

STUDENTS TO BE ENROLLED:

First & Last Name	Date of Birth	School Attending	Grade	Last Year's Religious Ed Level

Name of any 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 #