St. Paul the Apostle Catholic Church PARISH SCHOOL OF RELIGION 2024-2025 REGISTRATION FORM

Student's Full Name	MF Age	Date of	BirthGrade	
Student's Address	City		Zip	
Phone numbers: Home () Work	()	Ce	II ()	
Email Address:				
Mother's Full Name	Father's Full Nam	е		
Address City Zip	Address	City	 Zip	
Phone numbers:	Phone numbers:		Ζιρ	
			()	
Home Work Cell	Home		Cell	
Email Address:	Email Address:			
+++++++++++++++++++++++++++++++++++++++	++++++++++++	+++++++	.++++++++++++++++++++	
Emergency Contact	Phon	e Number		
School Student Attends				
SPECIAL NEEDS/ALLERGIES/ILLNESS				
Is the student baptized?	\	res	No	
Was he/she baptized in the Catholic church?	Y	es	_ No	
If no, please provide the complete name and address of the church where the student was baptized:				
Date of Baptism*				
*If student was <u>NOT</u> baptized at St. Paul the Apostle Church	– Baton Rouae. pl	lease provid	e a copy of the child's	
Baptismal Certificate by October 13, 2024.	3.77	,		
Has student made his/her First Penance (Confession)?		/es	_ No	
Has student made his/her First Holy Communion?		/es	No .	
Please provide the complete Name and Address of Church where student made his/her First Holy Communion				

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Student's Full Name				
CHILDREN'S MINISTRIES:				
(All ministries, Grades 3-12 onl	y) Contact information will be g	given to the directors of the following ministries.		
Youth Ministry begins at 6 th gra	de.			
	Currently Participates	Interested in Participating		
Altar Server				
Junior Daughters				
Liturgical Dancers				
Youth Ministry		_		
FEES: (Fees collected help cover	the costs of books and supplies	s.)		
REGISTRATION:				
\$20.00 (one student)				
\$10.00 (each additional st	x \$10.00 =	·		
TOTAL DUE				
	PSR Office Use Only:			
	Payment Type:			
	Cash			
	Check - Check	#		

Administration Signature