

SAN PABLO CATHOLIC CHURCH RELIGIOUS EDUCATION PROGRAM

Please, Print!

Student Name: _____ **Today's Date:** _____

Age: _____ **Birthdate:** _____

Place of Birth: (city) _____ (state) _____ (country) _____

School Name _____ **Grade (as of today's date)** _____

1. New to program: Family registered at church office?

Family uses church envelopes at Sunday Mass? NO _____ YES _____

Need parish registration form? _____

Student Baptized? no _____ yes _____ Date _____

Please attach Baptismal Certificate. Attached? _____ **Will deliver?** _____

Baptized at San Pablo? yes _____ year? _____

Baptized at: Church _____ City _____

State _____ Country _____

Has student received 1st Reconciliation? no? _____ yes _____ When? _____ Where? _____

Has student received 1st Communion? no? _____ yes _____ When? _____ Where? _____

Has student received Confirmation? No? _____ Yes _____ When? _____ Where? _____

2. Registration for Sacramental Preparation

Note: 1st Reconciliation & 1st Communion require 2 years of Roman Catholic religious education.
Minimum age: 7 (2nd Grade)

Note: Baptismal Certificate required prior to receiving preparation materials.

What (where) parish program did your child attend last year? _____

Do you wish to register your student for Sacramental Preparation? yes _____ no _____

(see below for additional materials fee)

3. Parent/Guardian Information:

Name _____ Relationship _____

Name _____ Relationship _____

Mailing Address _____

Street Address _____

City _____ Zip _____

Phones: Home _____ Work _____

Cell: _____ e-mail _____

Person to Notify in Emergency _____

Emergency Phone Number(s) _____

4. How can you help? _____ filing _____ library _____ phone calls _____ just ask!

Pre-Registration Fee until June 1, (per child) \$30.00 (non-refundable) \$50.00 after June 1

Paid: \$ _____ Date _____ Check# _____ Cash _____

Registration for Sacramental Preparation \$20.00 additional per child:

Paid: \$ _____ Date _____ Check# _____ Cash _____

Bring or mail to parish office 550 122nd St – Ocean, Marathon, FL 33050

OR place in collection basket during Mass

(office use only) Received by: _____ Date: _____