## 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 chu	ch envelopes at Sunday Mass? NO YES
Need parish regi <u>Student Baptized?</u> no <u>yes</u> Date	stration form?
Please attach Baptismal Certificate. Attach Baptized at San Pablo? yes year?	ed? Will deliver?
Baptized at: Church	City
State	Country
Has student received 1st Reconciliation? no?	yesWhen?Where?
Has student received Confirmation? No?	yes        When?        Where?           yes        When?        Where?           Yes        When?        Where?
2. Registration for Sacramenta	
<b>Note:</b> 1 <sup>st</sup> Reconciliation & 1 <sup>st</sup> Commu	union <u>require</u> 2 years of Roman Catholic religious education.
Minimum age: 7 (2nd	
<b>Note:</b> Baptismal Certificate <u>required</u>	prior to receiving preparation materials.
vvnat (wnere) parish program did your  Do you wish to register your student fo	child attend last year?or Sacramental Preparation? yes no
(see below for additional materi	
3. Parent/Guardian Information:	
Name	Relationship
Name	Relationship
Mailing Address	
Street Address	
City	Zip
Phones: Home_	Work
	e-mail
Person to Notify in Emergency	/
Emergency Phone Number(s)	
4. How can you help?filing _	libraryphone callsjust ask!
Dre Pegistration Fee until June 1 (per chil	d) \$30.00 (non-refundable) \$50.00 <u>after June 1</u>
P	aid: \$DateCheck#Cash
Registration for Sacramental Preparation S	
<b>"</b>	aid: \$DateCheck#Cash
Bring or mail to parish office 550 122 <sup>nd</sup> St – Ocean, Marathon, FL 33050	
OR place in collection basket during N	ass
(of	fice use only) Received by:Date: