

2010-2011 St. Paul the Apostle Parish School of Religion Family Registration

Please return this family form along with one student registration form for each child. Make checks payable to "St. Paul PSR". Please review this information and mark any changes before submitting this form.

Family Last Name: _____ Evening Phone: _____
 Address: _____ City: _____ Zip Code: _____
 e-mail Address 1 _____ Family registered in Parish: ___ Yes ___ No
 e-mail Address 2 _____ e-mail Address 3: _____

Father's Name: _____

First
MI
Last (if different)
Natural or Step Father
Religion
Marital Status

Father's Phone Numbers: _____

Home (if different)
Work
Cell
Pager

Mother's Name: _____

First
Last (if different)
Natural or Step Mother
Religion
Marital Status

Mother's Phone Numbers: _____

Home (if different)
Work
Cell
Pager

Student's Mother's Maiden Name: _____

	First	Middle	Last Name (if different)	Male/Female	Birthdate	Baptism Date	Check if baptized at St. Paul
Child :	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Child :	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Child :	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Child :	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Child :	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Emergency Contacts (other than parent)	Phone	Relationship
Emergency #1: _____	_____	_____
Emergency #2: _____	_____	_____

FOR OFFICE USE ONLY:

Date Received: _____ Volunteer: _____ Check #/ Cash Paid: _____
 Amount Due \$ _____ Amount Paid \$ _____ Balance \$ _____