

Please complete the form below. Please make any corrections or additions to the information we have on file by drawing a line through the incorrect information, and printing corrections to the right. Sign, date and return this form with your remittance in the envelope provided.

Mailing name & address of parent/guardian(s) children live with:

Parent/Guardian:

Address:

City, State, Zip:

Home Phone:

E-mail:

Name of Child, Date of Birth, Grade, School Attending \*Allergies, Medical Condition, Learning or Special Needs

In case of **Emergency** and **parent or guardian cannot be reached**, use emergency contact on file:

Or **Update Emergency contact**: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
(Grandparent, neighbor, friend, aunt, uncle, etc.)

We are currently members of St. Paul's Church

We are **not** members of St. Paul's, our home parish is: \_\_\_\_\_

Please send a Parish Census Form, we would like to be members of St. Paul's Church.

We are new to the parish or have a child enrolling for the first time.

I give permission to have my child's **photo** (no names or first name only) taken/used on bulletin boards, St. Paul's website or newsletters.

I have read and agree to abide by the rules for classes and safety listed on the reverse side of the Faith Formation Calendar.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note: Unsigned registrations will be returned for signature.**

\*Please use the space below or attach a separate sheet if you need more room to explain medical conditions or to note any special needs for your child (children). Please make sure all food allergies are noted.