

ST. PAUL THE APOSTLE RELIGIOUS EDUCATION PROGRAM (R.E.P.) REGISTRATION FORM 2017-2018

Sunday School (3 years old by September 1, 2017 - Kindergarten) Sunday 9 a.m.

Religious Education Program (Grades 1-6) **CHOOSE PREFERRED TIME:** Tuesday 4:30-5:30 p.m.
Tuesday 6-7 p.m. (Circle One)

Jr. High School Youth Group (Grades 7-8)

Sr. High School Youth Group (Grades 9-12)

**PLEASE RETURN FORM WITH PAYMENT BY
FRIDAY, AUGUST 26, 2017**

PARENT INFORMATION

Parent Name(s):

_____ / _____ / _____
(Last Name) (Father's Name) (Mother's First & Maiden Name)

Home Address:

_____ / _____ / _____ / _____
(Number & Street) (City) (State) (Zip Code)

Home Phone: _____ **E-Mail:** _____

Father's Work Phone: _____ **Father's Cell Phone:** _____ **Father's Religion:** _____

Mother's Work Phone: _____ **Mother's Cell Phone:** _____ **Mother's Religion:** _____

Child/Children Reside With: Father & Mother _____ Father _____ Mother _____ Other (Specify) _____

Emergency Contact Person: _____ **Phone:** _____ **Relationship:** _____

Parish Registered At: _____

Was Child/Children Enrolled in Religious Ed Last Year? Yes _____ No _____ Where _____

STUDENT INFORMATION

First & Last Name	Birthdate	Age	Sex	Grade	School	Circle Sacraments Received
						Baptism Reconciliation Eucharist Confirmation
						Baptism Reconciliation Eucharist Confirmation
						Baptism Reconciliation Eucharist Confirmation
						Baptism Reconciliation Eucharist Confirmation
						Baptism Reconciliation Eucharist Confirmation
						Baptism Reconciliation Eucharist Confirmation
<u>(Please see reverse side)</u>						

Office Use Only: Payment
Amount _____ Type _____ Date _____ Additional Notes _____

ST. PAUL THE APOSTLE CHURCH—GRAND RAPIDS, MICHIGAN

Medical Treatment Release

As legal guardian, I hereby authorize first aid/medical treatment for _____ in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Formation Programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the St. Paul the Apostle Church (parish), its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Guardian Signature _____ **Date** _____
Parents: Please inform us of any special needs your child may need addressed in the class room.

A follow up call will be made by Beth Kolenda-Spencer so we can make sure to make REP as welcoming for your child as possible.

Medical Information	Child:	Child:	Child:	Child:
List medical information about child				
Allergies				
Medication (name and dose)				
Glasses/contact lenses				
Disabilities				

Family Physician
 Name _____

Phone _____

Health Insurance Data
 Company _____

Policy # _____

Group # _____

Contract # _____

I give St. Paul the Apostle permission to publish photos of my child(ren) for promotional purposes by the parish. Yes ___ No ___

TUITION FEE FOR R.E.P & YOUTH GROUPS
(NO FEE FOR SUNDAY SCHOOL)

Parishioners

1 Child: \$55.00 2 Children: \$85.00 3+ Children: \$115.00

Non-Parishioners: Add \$25.00 to above total

Please make checks payable to: St. Paul the Apostle

Mail form and payment by August 26, 2017 to:

**St. Paul the Apostle Church
 2750 Burton S.E.
 Grand Rapids, MI 49546**

**OR Place in Sunday collection basket
 and label "Religious Education"**