ST. PAUL VI PARISH

Faith Formation Registration 2026-2027

Mother/Guardian 1 Name (First, Last & Maiden) _____

Phone _____ Email _____

Address _____

Relationship to Student _____ Religion _____

Please check all that apply:

- ☐ Married in a Catholic Church
- ☐ Civil marriage
- ☐ Married in a non-Catholic church
- ☐ Divorced
- ☐ Separated
- ☐ Remarried
- ☐ Other _____

Father/Guardian 2 Name (First & Last) _____

Phone _____ Email _____

Address _____

Relationship to Student _____ Religion _____

Please check all that apply:

- ☐ Married in a Catholic Church
- ☐ Civil marriage
- ☐ Married in a non-Catholic church
- ☐ Divorced
- ☐ Separated
- ☐ Remarried
- ☐ Other _____

Is your family a registered parishioner at St. Paul VI Parish? ☐ Yes ☐ No

Family is registered at the parish of _____

We would like to become members of St. Paul VI Parish. ☐ Yes ☐ No

Emergency Contact (CANNOT BE PARENT/GUARDIAN LISTED ABOVE)

_____

Relationship _____ Phone _____

Are there any other adults who can pick up your children? □ Yes □ No

If yes, list names and phone numbers

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

My children can be photographed during Faith Formation classes. They may be used in the parish bulletin, website, or social media. □ Yes □ No

I have read and understand the St. Paul VI Religious Education Parent/Student Handbook (on the website). □ Yes □ No

Signature _____

Office Use Only:

Number of Students _____ x $225 = $_____ Sacramental Fees _____ x $125 = $_____ TOTAL _____

Date Received _____ Late Fees (if applicable): _____ (5/31-$50, 6/30-$75, 7/31-$100)

Paid Details ☐ Check#_____ ☐ Cash ☐ Card

Cardholder Name _____

Number _____ Exp date _____ CID _____

Notes _____

_____

_____

Student 1

Name (First & Last) _____

Gender □ Male □ Female Age _____ Birthdate _____

Choice of Class: □Sundays 9:15-10:45am □Tuesdays 5:30-7pm □Family Formation Pilot Program

Name of School _____ Grade (in Fall of 2026)_____

Student lives with/at _____

Has the student been baptized? □ Yes □ No

Date & Church of Baptism (Name, City & State) _____

Returning St. Paul VI Religious Education Student? □ Yes □ No

Was this student enrolled in a Catholic School or RE Program last year? □ Yes □ No

Name of school/parish _____

Last year the student completed in a Catholic School or RE Program _____

Has the student received the Sacrament of First Reconciliation? □ Yes □ No

Has the student received the Sacrament of First Communion? □ Yes □ No

Has the student completed the 1st year of Confirmation Preparation (grade 7 or later)? □ Yes □ No

Allergies _____

Medications _____

Special Considerations _____

_____

_____

Student 2

Name (First & Last) _____

Gender □ Male □ Female Age _____ Birthdate _____

Choice of Class: □Sundays 9:15-10:45am □Tuesdays 5:30-7pm □Family Formation Pilot Program

Name of School _____ Grade (in Fall of 2026)_____

Student lives with/at _____

Has the student been baptized? □ Yes □ No

Date & Church of Baptism (Name, City & State) _____

Returning St. Paul VI Religious Education Student? □ Yes □ No

Was this student enrolled in a Catholic School or RE Program last year? □ Yes □ No

Name of school/parish _____

Last year the student completed in a Catholic School or RE Program _____

Has the student received the Sacrament of First Reconciliation? □ Yes □ No

Has the student received the Sacrament of First Communion? □ Yes □ No

Has the student completed the 1st year of Confirmation Preparation (grade 7 or later)? □ Yes □ No

Allergies _____

Medications _____

Special Considerations _____

_____

_____

You can add copies of the student pages if you have more children as needed.