

ST. PAUL RELIGIOUS EDUCATION PERMANENT RECORD

PLEASE PRINT

Date _____

1. NAME _____ MALE _____ FEMALE _____
(Last) (First & Middle)

2. ADDRESS _____
(Street) (Town & Zip)

3. HOME PHONE _____ PARENT'S CELL _____
E-MAIL _____

4. FATHER'S FULL NAME _____
ADDRESS (if different from child's) _____
PHONE _____
(Home) (Business)

5. MOTHER'S FULL NAME _____
(First) (Last) (MAIDEN)
ADDRESS (if different from child's) _____
PHONE _____
(Home) (Business)

6. GRADE LEVEL OF CHILD _____ NAME OF PUBLIC SCHOOL ATTENDING _____
IN FALL OF 2013

7. ANY SPECIAL ISSUES/CONDITIONS _____
(Medical problems, Learning disabilities, etc.)

8. DATE OF BIRTH _____ 9. **DATE OF BAPTISM _____

10. CHURCH OF BAPTISM—****Copy of Baptismal Certificate Required if baptized ****
at a Church other than St. Paul Church

(Church)(Address, City, State & Zip)

11. DATE OF FIRST EUCHARIST _____ Church name and address _____

12. HAS THIS CHILD RECEIVED FIRST RECONCILIATION? YES _____ NO _____

13. HAS THIS CHILD MISSED ANY YEAR(S) OF RELIGIOUS EDUCATION? YES _____ NO _____
IF YES, WHICH GRADE(S) _____

14. IS YOUR CHILD TRANSFERRING FROM ANOTHER PARISH PROGRAM? YES _____ NO _____
IF YES, NAME AND ADDRESS OF PARISH, AND GRADES ATTENDED

PLEASE RETURN TO:
Verna Paiotti
Director of Religious Education
193 Wyckoff Avenue
Ramsey, New Jersey 07446
201-327-8010
reled@stpaulparishlife.org

For office use only:
Record of Transfer _____
Family Card _____
Baptism Cert. _____
Parish Registry _____