

FOR OFFICE USE:

Family Name: «Family_Name»

School Year: 2023-2024

Fee: Check#:

SAINT PAUL
ROMAN CATHOLIC CHURCH
2007 NEW HOPE STREET
EAST NORRITON, PA 19401

PARISH RELIGIOUS EDUCATION PROGRAM

FAMILY NAME: _____
CHILD'S NAME _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE _____
FATHER'S NAME: _____ EMAIL: _____
WORK OR CELL #: _____ RELIGION: _____
MOTHER'S NAME: _____ EMAIL: _____
WORK OR CELL# _____ RELIGION: _____

Custody: Are there any custody/legal issues? YES NO
(If yes, please provide a complete copy of the latest court order.)

***Name of person legally responsible for Religious Education if not a Parent or Legal Guardian**

**Parent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.*

NAME: _____ RELATIONSHIP: _____

Initials I have read the Family Handbook and agree to the requirements and expectations of the SAINT PAUL PARISH Religious Education Program.

Initials I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/or archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

EMERGENCY CONTACT INFORMATION If we are unable to reach you, whom should we contact?

NAME: _____ RELATIONSHIP: _____

HOME #: _____ CELL#: _____

Consent For Medical Care: I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Saint Paul Parish.

SIGNED (Parent or Legal Guardian): _____

Date _____