

St. Paul ReligiousEducationRegistration

10143 Main St. New Middletown, OH 44442

Date_____

FAMILY INFORMATION

Family Last Name: _____ Date: _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ Emergency Contact: _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

Father's Cell / Work: _____ Father Religion: _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT INFORMATION

_____ Catholic? Yes / No

Gender: ☐ Male ☐ Female

Birth Date: _____

Grade: _____

Physician: _____

Dentist: _____

Does your child have any Special Needs or Allergies:

Sacrament Details Check & Date All Below

☐ Baptism: _____

☐ Eucharist: _____

☐ Reconciliation: _____

☐ Confirmation: _____

STUDENT INFORMATION

_____ Catholic? Yes / No

Gender: ☐ Male ☐ Female

Birth Date: _____

Grade: _____

Physician: _____

Dentist: _____

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