



10970 Jack Nicklaus Dr. North Palm Beach, FL 33408 (561) 626-1873 religioused @paulcross.org

Registration for Religious Education

Story Keeper, Grade 1–Grade 7, Confirmation I, Confirmation II

Date								
Family Last Name					Phone			
Address				City			Zip	
E-mail address								
Father				re	ligion occup	ation	daytime/best phone number	
Mother					gion occup	ation	daytime/hest nh	one number
Student(s) live with								
Registered membe	rs of St. I	Paul of t	he Cro	ss Pari	sh for	yea	rs.	
Emergency Contact	Name_							
Relationship			Phone	numb	e r (Other than hor	me phone)		
In addition to those	e listed a	bove, pe	erson(s	a) autho	orized to pick u	p child:		
Name	Name Phone number							
Please choose one <i>pro</i>	<i>gram</i> for	each stud	ent regi	istering:				
Student's Full Name	Story Keeper (Infant- Kindergrt	Grade 1 thru Grade 7	Confirmation I		Church of Baptism	School	Grade	Date of Birth

Name of any above student in need of any Sacrament (Baptism, Reconciliation, First Holy Communion)
Medical Concerns:
Parent Signature
Date
In an effort to better serve our families, we would like to expand our communication efforts and be able to send you reminders and updates about our program via text or email.
Do you give permission to the Religious Education Department to text blast you details
pertinent to our program? YES NO
Best Number to reach you:
Do you give permission for the Religious Education Department of St. Paul of the Cross to
email you with details of our program? YES NO
Best email:
PHOTO RELEASE
I give permission to St. Paul of the Cross to take and use photos of my child/children during various Religious Education events.
Print [parent's] name:
Signature: Date
TUITION: (no charge for Story Keeper) (registered family): \$60 one student\$90 two students, same family\$110 three or more students, same family (Non-registered family):
\$75 one student\$100 two students, same family\$125 three or more students, same family\$20 each First Communion candidate
PAID:in personby mail (sent to Parish Office)online confirmation #
Date:Total Amount paid:
Notes/Concerns/Questions: