

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 person _____ by mail (sent to Parish Office)

_____ online *confirmation #* _____

Date: _____ Total Amount paid: _____

Notes/Concerns/Questions: _____