



# St. Paul's Church Whitesboro

Faith Formation Registration

2024-2025

For Office Use Only			
Paid: Y	N	Check	Cash
Date Paid: _____		Amount: _____	
Check#: _____			

**\*Please complete a separate form for EACH CHILD participating in the Faith Formation Program**

Checks can be made payable to: St. Paul's Church

**Registration Fee:** \$35 (per child) \$50 (per Family)

Student Name: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

(Street, City, State, and Zip Code)

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Parent Home# \_\_\_\_\_ Mother Parent Cell# \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Please list any allergies, special conditions or needs your child has in a learning environment. Modifications will be determined on an individual basis.**

**Baptism:** \_\_\_\_Yes \_\_\_\_No

Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**First Eucharist/Holy Communion:** \_\_\_\_Yes \_\_\_\_No      First Penance \_\_\_\_Yes \_\_\_\_No

Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1<sup>st</sup> COMMUNION STUDENTS: Please provide a copy of Baptismal Certificate if not baptized at St. Paul's Church**

(Please check box if applicable) My child is in Grades 3-10 and has NOT received the Sacrament of 1<sup>st</sup> Reconciliation and/or 1<sup>st</sup> Holy Communion.

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
(First and Last Name)

Relationship to Student: \_\_\_\_\_ Cell# \_\_\_\_\_

**If your child leaves early or is being picked up by someone else, please send a note.**

(These people may be asked to show ID prior to the release of students)

---

**Photo Authorization:**

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's participation and accomplishments. By signing this registration, you are granting permission to St. Paul's Church to use photos and/or videos of your child to promote our program. Names are seldom used, If names are used, only your child's first name will be published. (Last names will not be used without contacting you and obtaining your permission) You may limit or disallow this by contacting the parish office and providing us with a written notice of what limitations you would prefer. \_\_\_ St. Paul's Website \_\_\_ St. Paul's Facebook or \_\_\_ other parish media sites (check if no)

Please note that the diocese, its parishes, schools, and ministries have limited control of the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s). Also, if your child is not allowed, know that they will be removed from any group pictures, or their picture may be blurred or masked so they will not be seen.

Please initial here: \_\_\_\_\_ Grades 3-6 - Check in the box below, for the time on Monday your child will be attending. 4:15-5:30  6:00-7:15

I confirm that all information provided is correct and I give photo permission as described in the Registration Form.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Join Our Faith Formation Team**

*After 1st Communion*

Altar Server

\*Lector

*\*After Confirmation*

Eucharistic Minister

I would like to volunteer to help the Faith Formation team:

Teacher

Substitute

Classroom Assistant

Other

Please list any siblings participating in our program:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Comments: