

**OFFICE USE ONLY:**  
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 \_\_\_\_\_  
 \_\_\_\_\_

**Saint Paul Catholic Church**  
**Religious Education Office**  
 1755 W. Harrison Blvd.  
 Valparaiso, IN 46385  
 219.464.8502  
*stpaulre1755@gmail.com*

**Fee Schedule 2019-20** *(Honorarios)*  
 \*  
 Family Fee ..... \$ **125.00**  
 Book Fee ..... \$ \_\_\_\_\_  
 \$25 x Num. of Children.....\$ \_\_\_\_\_  
 Total Fee for Family.....\$ \_\_\_\_\_  
 \*Scholarships available based on need. Ask for details.

<b>Family Registration—Religious Ed Classes</b> <i>(Registro de la Familia)</i> <b>Please do not use black ink!</b> <i>(¡por favor no utilice la tinta negra!)</i>	<b>OFFICE USE ONLY</b>	Amt Due: _____	Cash: _____
		Amt. Paid: _____	Check #: _____

**Today's Date:** (Fecha de Hoy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family Name** *(Nombre de la Familia)*  
**address to:** *(circle one)* **Mr./Mrs. Mr. Mrs. Ms. Miss Dr. Dr./Mrs. Drs. Other** \_\_\_\_\_  
 \_\_\_\_\_  
*name(s) / nombre(s)*

**Street Address:** \_\_\_\_\_  
*(Dirección de la Calle)*

**P.O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
*(Ciudad) (Estado) (Código postal)*

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Unlisted?** **Y / N** **Registered at St. Paul Church?** **Y / N**  
*(Número de Teléfono) (¿Privado?) (Si/No) (¿Colocado en la iglesia de Santo Paul?) (Si/No)*

**Detailed Parent/Guardian Information**

**Head of Household** *(Encabezado del Hogar)*

**Spouse/Significant Other** *(Esposa / Esposo u Otro)*

**Title:** *(Título)* **Mr. Mrs. Ms. Miss Dr.** *(circle one)*  
**Name:** \_\_\_\_\_  
*(Nombre)*  
 Maiden name if applicable: \_\_\_\_\_  
*(apellido de soltera)*  
**Relationship to Child:** \_\_\_\_\_  
*(Relación al Niño)*  
**Marital Status:** \_\_\_\_\_  
*(¿casado o escoja?)*  
**Religion:** \_\_\_\_\_  
*(Religión)*  
**Occupation:** \_\_\_\_\_  
*(Ocupación)*  
**Employer:** \_\_\_\_\_  
*(Patrón)*  
**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_  
*(Oficina)*  
**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_  
*(Celular)*  
**Email Address:** \_\_\_\_\_  
*(Correo Electrónico)*  
**I'd like to volunteer for:** *(Voluntario)*  
 Catechist / Aide / Security / Sac / Room / Social / Social  
*(circle choices)* Prep Parent Outreach Committee

**Title:** *(Título)* **Mr. Mrs. Ms. Miss Dr.** *(circle one)*  
**Name:** \_\_\_\_\_  
*(Nombre)*  
 Maiden name if applicable: \_\_\_\_\_  
*(apellido de soltera)*  
**Relationship to Child:** \_\_\_\_\_  
*(Relación al Niño)*  
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**Comments:** *(Comentarios)*  
 \_\_\_\_\_

**Emergency Contact Information** *(Contacto de Emergencia)*

*In case of emergency and unable to reach me, please contact the following:*

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
*(Nombre) (Relación al Niño)*  
**Address:** \_\_\_\_\_  
*(Dirección de la Calle)*  
**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_  
*(Casa) (Celular)*

Student #1 Name: \_\_\_\_\_ M / F Grade this year \_\_\_\_\_  
School: \_\_\_\_\_ Religion: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Attended here before? Y / N\* \*If no, where did student attend? \_\_\_\_\_  
Please provide Certificate of Transfer from program last attended.

**Health Concerns/Special Needs:**

(problemas de salud)

**Sacrament Info:**      **DATE**      **Church Name/City/State**  
**Baptism:**      \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Reconcil:**      \_\_\_\_/\_\_\_\_/\_\_\_\_  
**1st Comm:**      \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Confirm:**      \_\_\_\_/\_\_\_\_/\_\_\_\_

<p align="center"><b>Religious Education Class Session Request</b> <small>(petición de la sesión)</small></p> <p><b>1st Choice:</b> _____ <small>(primero opción)</small></p> <p><b>2nd Choice:</b> _____ <small>(segunda opción)</small></p> <p><b>NOTE! If you do not hear from us, you have received your 1st choice.</b> <small>NOTA: si usted no oye de nosotros, usted ha recibido su primera opción.</small></p>
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**Birth Father:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Ph:** (\_\_\_\_) \_\_\_\_\_ **Work Ph:** (\_\_\_\_) \_\_\_\_\_  
**Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Birth Mother:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Ph:** (\_\_\_\_) \_\_\_\_\_ **Work Ph:** (\_\_\_\_) \_\_\_\_\_  
**Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

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