

St. Paul Catholic Church, 909 Rennie Avenue, Richmond VA 23227
Children (Kindergarten through 12th Grade)
(Please print)

Parent/Guardian Name Parent/Guardian email address (*email is our primary method of communication*)

Home Phone Number Cell Phone Number (mother) Cell Phone Number (father)

Street Address City Zip Code

Please provide the following information on each child to be enrolled in the program:

Name _____ **Date of Birth** _____ **Age (as of 9/30/20)** _____

Grade in Fall '20 _____ School attending _____

Indicate Sacraments **already received:** Baptism _____ First Reconciliation _____ First Communion _____ Confirmation _____

*Indicate Sacraments **needed this year:** Baptism _____ First Reconciliation _____ First Communion _____ Confirmation _____

Name _____ **Date of Birth** _____ **Age (as of 9/30/20)** _____

Grade in Fall '20 _____ School attending _____

Indicate Sacraments **already received:** Baptism _____ First Reconciliation _____ First Communion _____ Confirmation _____

*Indicate Sacraments **needed this year:** Baptism _____ First Reconciliation _____ First Communion _____ Confirmation _____

Name _____ **Date of Birth** _____ **Age (as of 9/30/20)** _____

Grade in Fall '20 _____ School attending _____

Indicate Sacraments **already received:** Baptism _____ First Reconciliation _____ First Communion _____ Confirmation _____

*Indicate Sacraments **needed this year:** Baptism _____ First Reconciliation _____ First Communion _____ Confirmation _____

***If you have marked Sacraments needed, you will be sent information regarding Sacramental Preparation. Students in 2nd grade or higher are eligible to prepare for First Reconciliation and First Communion. Students in 10th grade or higher are eligible to prepare for Confirmation.**

Are there any custody situations which we need to be aware of? If yes, please explain. _____

I give permission for my child/children to participate in Christian Formation classes offered by St. Paul Catholic Church, Richmond for the 2020-2021 program year. I understand St. Paul's offers a program of many components, including catechetical, social, service, worship and many others. I will do my best to ensure optimum participation by my child/children in all aspects of the program. Additionally, I understand I remain legally responsible for my child/children and their behavior and agree to hold St. Paul's Catholic Church and the Catholic Diocese of Richmond and any agent thereof, harmless in the event of an emergency or incident resulting from inappropriate behavior or carelessness on the part of my child.

Parent/Guardian Signature Date

Fees: One child - \$15.00 Two children - \$25.00 Three or more - \$30.00

If the fee is a hardship for your family, please speak with Fr. Griffin, Marisa Cupps or John Tucker, and we will gladly waive the fee.

Amount paid _____ Date _____ check # _____ cash _____