

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 9/30/21)** _____

Grade in Fall '21 _____ 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 9/30/21)** _____

Grade in Fall '21 _____ 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 9/30/21)** _____

Grade in Fall '21 _____ 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 2021-2022 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 - \$20.00 Two children - \$30.00 Three or more - \$40.00

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

Amount paid _____ Date _____ check # _____ cash _____

Volunteer Opportunities
(Please indicate any areas in which you would be able to help)

_____ Classroom aide - Diocesan Safe Environment guidelines require two adults to be present in each classroom.

_____ Substitute Catechist - Help teach a class when a catechist has to miss a week.

_____ Hospitality – The classes have a small party at Christmas and Easter – volunteers are needed to help with food set up and cleaning.

_____ Service Projects – The children participate in service projects throughout the year – volunteers are needed to help sort and deliver items to various charities.

Diocesan safe-environment guidelines require all adults working with children and youth to participate in a one-time Virtus training class and to complete a volunteer screening form. Information on Virtus Training can be found on the Diocesan website, <http://www.richmonddiocese.org/safe-environment>.

St. Paul Catholic Church, 909 Rennie Avenue, Richmond VA 23227
Medical Information and Release Form

Parent/Guardian Name

Home Phone Number

Cell Phone Number (Mother)

Cell Phone Number (Father)

Street Address

City

Zip Code

In case of an emergency notify: _____

Name

Relationship to child

Home Phone Number

Cell Phone Number

Work Phone Number

Medical Information – Please complete for each child enrolled in the program:

Name: _____

Date of Birth: _____ Sex: _____

1) Does your child have any allergies? _____ Yes _____ No If “Yes”, please list: _____

2) Is your child required to carry medication with them? _____ Yes _____ No If “Yes”, please list: _____

3) Is there any other physical or emotional condition of which we need to be aware? Please explain:

Name: _____

Date of Birth: _____ Sex: _____

1) Does your child have any allergies? _____ Yes _____ No If “Yes”, please list: _____

2) Is your child required to carry medication with them? _____ Yes _____ No If “Yes”, please list: _____

3) Is there any other physical or emotional condition of which we need to be aware? Please explain:

Please turn over for additional names and to sign form.

Medical Information – Please complete for each child enrolled in the program

Name: _____

Date of Birth: _____ Sex: _____

1) Does your child have any allergies? _____ Yes _____ No If “Yes”, please list: _____

2) Is your child required to carry medication with them? _____ Yes _____ No If “Yes”, please list: _____

3) Is there any other physical or emotional condition of which we need to be aware? Please explain:

Medical Information – Please complete for each child enrolled in the program

Name: _____

Date of Birth: _____ Sex: _____

1) Does your child have any allergies? _____ Yes _____ No If “Yes”, please list: _____

2) Is your child required to carry medication with them? _____ Yes _____ No If “Yes”, please list: _____

3) Is there any other physical or emotional condition of which we need to be aware? Please explain:

I hereby warrant that to the best of my knowledge my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I understand that an attempt to notify me will be made before any treatment is authorized. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold St. Paul Catholic Church, Richmond or the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ **Date:** _____