



Basic information

Schedule: Tuesdays, 3:30-4:30 pm, October 10 to March 27
Fees: Suggested donation, **\$35/child or \$50/family** to cover instructional materials
(If you cannot afford to pay this amount, please sign up anyway!)

Parent(s): _____

Address: _____

Phone | Home: _____ Cell: _____ Other: _____

Email: _____ (Email is our primary communication method.)

Is your family registered at St. Paul? Yes No

Child's Information (please attach additional sheets for other children)

Name: _____ Grade: _____

Birthday (month, date, year): _____

Food allergies or special needs: _____

Information to complete for those who are already baptized (candidates)

Date of baptism: _____

Church of baptism: _____ Location (city, state): _____

Name of sponsor(s) for confirmation: _____

Patron saint for confirmation (can be chosen later as well): _____

NOTE: Attach baptismal certificate if the baptism did not take place at St. Paul.

Information to complete for those who have not yet been baptized (catechumens)

Name of godparent(s) for baptism: _____

Name of sponsor(s) for confirmation: _____

Patron saint for confirmation (can be chosen later as well): _____

NOTE: At least one godparent (baptism) and at least one sponsor (confirmation) must be a fully initiated, practicing Catholic (has received the sacraments of Baptism, Confirmation, and First Holy Communion, and practices the faith).

(Please complete the information on the reverse side as well.)

Emergency Information

In case of illness, accident, or emergency to the student(s) listed on this form, the Archdiocese and its representatives are authorized as indicated below (please complete and prioritize each item in the order of desired action you wish us to take):

Contact (name and phone): _____

Contact family physician (name and phone): _____

Take student to nearest hospital

Medical Insurance Company: _____ ID or Group #: _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency procedures and care for my child. I also understand that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent Signature: _____ Date: _____

Office: Recorded by _____