



Basic information

Schedule: Mondays, 6:00-7:15
First Reconciliation, October 2 to November 6, Penance Service November 13
First Eucharist, April 18-May 21, First Communion June 3 at 10:30 am (rehearsal May 29 at 6:00 pm)

Fees: Suggested donation, **\$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/Children's Information

Name: _____ Grade: _____
Birthday (month, date, year): _____
Food allergies or special needs: _____

Name: _____ Grade: _____
Birthday (month, date, year): _____
Food allergies or special needs: _____

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: _____
