2026- 2027 REGISTRATION - ST. PAUL THE APOSTLE RELIGIOUS EDUCATION PROGRAM

Saturdays: 9:30 am - 11:00 am (K to 8)

Rel. Ed. Office: 602 McLean Avenue, Yonkers, NY 10705 Check #: _____ Date Rec'd_____

Tel: 914.965.9333 / pastoralministr@optimum.net $250 for 1 Child / $300 for 2 Children

* Registration Forms: www.stpaulyonkers.org / Rel. Ed Tab $350 for 3 or more children

Please make checks payable to: Church of St. Paul the Apostle

CHILD'S NAME: _____DOB_____PLACE OF BIRTH _____M/F _____

PUBLIC SCHOOL ATTENDING: _____GRADE: ___REL. ED LEVEL: _____

FATHER'S NAME: _____

MOTHER'S NAME & MAIDEN NAME(if diff): _____

ADDRESS: _____

HOME PHONE _____MOM CELL: _____DAD CELL: _____

MOM EMAIL: _____ DAD EMAIL: _____

Alternative Emergency Contact / Cell: _____

MOM RELIGION: _____ DAD RELIGION: _____

SACRAMENT RECEIVED	DATE	CHURCH	ADDRESS	CERTIFICATE SEEN BY
BAPTISM				
1ST COMMUNION				
CONFIRMATION				

**NEW STUDENTS ONLY: COPY OF BAPTISMAL CERTIFICATE, COMMUNION CERTIFICATE (IF APPLICABLE), MUST BE RETURNED WITH THIS REGISTRATION FORM IN ORDER TO PROCESS YOUR REGISTRATION. **

EMERGENCY INFO:

Does Child have allergies? YES _____ NO _____

*Procedures to be used in case of a child with Allergies: _____

Physician's Name: _____ Tel. #: _____

Special Medical Conditions: _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and / or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

Parent / Guardian Signature: _____Date: _____

I am granting permission for media release. (*There are times Religious Education may take pictures or videos of classes and activities; your signature indicates permission for this and for the program to use the pictures in bulletins, etc.)*

Parent / Guardian Signature: _____Date: _____

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Please tell us about your child:

1. Is there any information about your child that you can share that would help us serve your child and your family? (Please include learning challenges, medical, or other conditions which may require special attention. This information will remain confidential and will be used to provide your child with whatever assistance may be required.)

_____

_____

2. How can we assist your child with his or her needs?

_____

_____

3. Would you be available to assist in the classroom? _____