



St. Paul's Catholic Church

1305 Main Street, Airdrie, Alberta, T4B1C5

Phone: 403-948-5394 Fax: 403-948-0160 E-mail: stpaulsairdrie@shaw.ca

www.stpaulsairdrie.ca

St. Paul's Religious Education Program Registration Form

Student Information

Child 1: _____

Current Grade: _____

Child 2: _____

Current Grade: _____

Child 3: _____

Current Grade: _____

Parent/Guardian Names

1. _____

2. _____

Address: _____

Phone (home): 1. _____

2. _____

Phone (cell): 1. _____

2. _____

Email: 1. _____

2. _____

Please indicate the Sacraments your child(ren) have received

	Baptism	First Communion	First Reconciliation	Confirmation
Child 1				
Child 2				
Child 3				

Payment

\$30.00 for the first child registered and \$25 for each additional child. Please provide exact amount and indicate method of payment.

Child 1 @ \$30.00: _____

Child 2 @ \$55.00: _____

Child 3 @ \$80.00: _____

Paid by: Cash _____

Cheque: _____

*Cheques can be made out to St. Paul's.
Please include child(ren)s names.*

**Please provide additional information on
PAGE 2**

Does your child(ren) have any learning or health problems we need to know about? Yes ___ No ___

If yes please comment:

Please indicate if any children can be dismissed without a parent or guardian present. *(ie. walks home, meets parent in parking lot, attends mass before pickup)*

Also, please let a teacher or an RE Coordinator know if someone else will be picking your child up from class.

Are you able to volunteer to assist a teacher during class on occasion?

Yes ___ No ___ Name: _____

If you answered yes, a coordinator will be in touch with you.

Parent/Guardian Signature

Date

If you have any questions about the Religious Education program please email an RE Coordinator at st.paulsreligiouseducation@gmail.com and you will receive a response within 2 days.

Administrative Use:

Payment Received: _____ Cash ___ Cheque _____

Receipt # _____

Assigned Class: Child 1 _____

Child 2 _____

Child 3 _____

Child 4 _____