

SAINT JOHN PAUL II PARISH

490 State Street, Perth Amboy, NJ 08861

Phone: 732-826-1395 Email: office@johnpaulsecond.com

RELIGIOUS EDUCATION REGISTRATION FORM 2022-2023

New Student Returning Student Registration Date:

Student Information:

First Name: _____ Catechism Level: _____
Last Name: _____ DOB: _____
Email: _____ Age: _____
Phone: _____ School Grade: _____
Language in Home: _____ Gender: _____
Godparents Sponsors: _____
Street Address: _____
City: _____ State: _____ Zip code: _____

Baptism Information:

Date of Baptism: _____ Church Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____

First Communion Information:

Date of Communion: _____ Church Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____

Family Information:

Father's Name: _____ Phone: _____
Address: _____
Mother's Name: _____ Phone: _____
Address: _____

Parish Registered? Active (Y/N) _____ Envelope # _____

Guardian's Name: _____ Phone: _____
Address: _____
Emergency Contact: _____ Phone: _____
Pickup Restrictions: _____
Allergies/Medication: _____

PAYMENT		# OF CHILDREN IN CATECHISM		CERTIFICATES	
RECEIPT #		COM I	COM II	BIRTH CERTIFICATE	
AMOUNT \$		CONF I	CONF II	BAPTISMAL CERTIFICATE	
BALANCE		RICA I	RICA II	COMMUNION CERTIFICATE	



PHOTO RELEASE FORM

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of me, including my/my child's Image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.

I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

Name of person in photo/video (print):.....

Signature:.....

If under 18, signature of parent/guardian:.....

Name of parent/guardian (print):.....

Phone:.....Cell:.....Date:.....

Address:.....

City:.....State:.....Zip Code:.....