

# SAINT JOHN PAUL II PARISH

490 State Street, Perth Amboy, NJ 08861

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

## RELIGIOUS EDUCATION REGISTRATION FORM 2023-2024

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:.....