

St. John Paul II Parish – 490 State Street, Perth Amboy, New Jersey, 08861

Phone: 732-826-1395

EMAIL: office@johnpaulsecond.com

RELIGIOUS EDUCATION REGISTRATION FORM 2025 - 2026

New student ☐ Returning student ☐ Male ☐ Female ☐ Registration date:

| | | |
|------------------------------------------|--|--------|
| NAME OF STUDENT | | LEVEL |
| D.O.B | | |
| AGE | | |
| SCHOOL GRADE | | |
| Godparents -Sponsors | | |
| LANGUAGE IN HOME | | |
| ADDRESS | | |
| PHONE | | |
| EMAIL | | |
| BAPTIZED Where and When | | |
| FIRST COMMUNION Where and When | | |
| FATHER | | Phone: |
| Address other than address of student | | |
| MOTHER | | Phone: |
| Address other than address of student | | |

| | | | | |
|--------------------|--|---------|-----------|------------|
| Parish registered? | | Active? | Inactive? | ENVELOPE # |
|--------------------|--|---------|-----------|------------|

| | | | | | |
|----------------------------|--|-----------------------------|---------|-----------------------|--|
| GUARDIAN'S NAME ADDRESS | | | | Phone: | |
| EMERGENCY CONTACT | | | | Phone: | |
| PICK-UP RESTRICTIONS | | | | | |
| ALLERGIES/MEDICATIONS | | | | | |
| PAYMENT | | # OF CHILDREN IN CATECHISM: | | CERTIFICATES | |
| RECEIPT # | | Com I | Conf I | Birth Certificated | |
| AMOUNT \$ | | Com II | Conf II | Baptismal Certificate | |
| BALANCE | | RICA I | RICA II | Communion Certificate | |



DIOCESE OF METUCHEN

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): _____

Home Phone: _____ Cell: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____