

Saint Paul Parish
820 Carbon Road
Greensburg, PA 15601
724-834-6880

Be My Disciple Faith Formation Registration

2017 / 2018

Family Last Name_____

Address_____City_____Zip_____

Home Phone_____Cell_____Email_____

Registered at St. Paul Parish? Yes___ No___

If no, Home Parish_____

Father/Guardian's Name_____

Religious Affiliation_____

Address_____City_____Zip_____

Home Phone_____Cell_____Email_____

Mother/Guardian's Name (including maiden name)_____

Religious Affiliation_____

Address_____City_____Zip_____

Home Phone_____Cell_____Email_____

Emergency contact if you cannot be reached

Name_____Phone_____Relationship_____

Child's Name _____ Age _____

Grade (beginning Sept. 2016) _____

School _____

Birthday _____ Baptism _____ Eucharist _____ Confirmation _____

Please check Sacraments that have been received

Allergies/Health issues _____

Child's Name _____ Age _____

School _____

Grade (beginning Sept. 2016) _____

Birthday _____ Baptism _____ Eucharist _____ Confirmation _____

Please check Sacraments that have been received

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Child's Name _____ Age _____

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