

Sunday School/Faith Formation Enrollment Form
September 2025 – May 2026
St. Paschal Catholic Church - Catholic Diocese of Shreveport
Pre K through Grade 8 Fee: 10.00 per Student

Mother (First & Last name) _____ **Maiden:** _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone(s) Cell _____ Text ___ yes Home _____ Work _____

Email address _____

Father (First & Last Name) _____

Home Address: (if different from above) _____

City: _____ State: _____ Zip: _____

Phone(s) Cell _____ Text ___ yes Home _____ Work _____

Email address _____

Guardian (First & Last Name) _____

Home Address: (if different from above) _____

City: _____ State: _____ Zip: _____

Phone(s) Cell _____ Text ___ yes Home _____ Work _____

Email address _____

Emergency Contact Name: _____

Relationship to the child: _____

Phone(s) Cell _____ Text ___ yes Home _____ Work _____

Signature _____ **Parent** ___ **Guardian** ___

Print Name _____ **Date** _____

Age and Grade as of September 1, 2025

1st Child (first & last Name) _____

Preferred name _____ Boy ___ Girl ___ Birth Date: _____

Age: _____ Grade: _____ Are they Baptized: Yes _____ No _____
Have they made their 1st Communion: Yes _____ No _____

Medical Information:

1. Allergies(foods, plants, insects, etc.): Explain _____
2. Special Medication or needs: Explain _____
3. Special Conditions (Learning challenges, Hearing, etc.): Explain _____
4. Physical Limitations: Explain _____
5. Has your child recently been exposed to contagious disease or condition such as covid, mumps, measles, chicken pox, etc.: Explain _____

2nd Child (first & last Name) _____

Preferred name _____ Boy ___ Girl ___ Birth Date: _____

Age: _____ Grade: _____ Are they Baptized: Yes _____ No _____
Have they made their 1st Communion: Yes _____ No _____

Medical Information:

1. Allergies(foods, plants, insects, etc.): Explain _____
2. Special Medication or needs: Explain _____
3. Special Conditions (Learning challenges, Hearing, etc.): Explain _____
4. Physical Limitations: Explain _____
5. Has your child recently been exposed to contagious disease or condition such as covid, mumps, measles, chicken pox, etc.: Explain _____

3rd Child (first & last Name) _____

Preferred name _____ Boy ___ Girl ___ Birth Date: _____

Age: _____ Grade: _____ Are they Baptized: Yes _____ No _____
Have they made their 1st Communion: Yes _____ No _____

Medical Information:

1. Allergies(foods, plants, insects, etc.): Explain _____
2. Special Medication or needs: Explain _____
3. Special Conditions (Learning challenges, Hearing, etc.): Explain _____
4. Physical Limitations: Explain _____
5. Has your child recently been exposed to contagious disease or condition such as covid, mumps, measles, chicken pox, etc.: Explain _____

4th Child (first & last Name) _____

Preferred name _____ Boy ___ Girl ___ Birth Date: _____

Age: _____ Grade: _____ Are they Baptized: Yes _____ No _____
Have they made their 1st Communion: Yes _____ No _____

Medical Information:

1. Allergies(foods, plants, insects, etc.): Explain _____
2. Special Medication or needs: Explain _____
3. Special Conditions (Learning challenges, Hearing, etc.): Explain _____
4. Physical Limitations: Explain _____
5. Has your child recently been exposed to contagious disease or condition such as covid, mumps, measles, chicken pox, etc.:
Explain _____

Promotional Release

I consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 3500 Fairfield Ave, Shreveport, LA 71104. ATTN: Director of Youth Ministry) in which my son(s)/daughter(s)/participant(s) may appear by the Diocese of Shreveport/St. Paschal. I understand that these materials, including websites and social media sites, are being used for promotion of the youth ministry of the Diocese of Shreveport/parish of St. Paschal which may include recruitment and fundraising efforts.

Social Media Release

The Diocese of Shreveport utilizes today’s technology in a positive way to reach out to the youth of the Diocese, including Facebook, email, and other social media. We may remove any content deemed inappropriate. All communications with any youth through social media programs by anyone representing the Diocese may be made available to any parent upon request. If you do not allow your son(s)/daughter(s) to text, Facebook, or use other social media, there will no expectation that they do so in order to participate in certain youth ministry events. However, the Diocese cannot guarantee that photos, videos or other communications of your son(s)/daughter(s) from diocesan and/or parish events will not be uploaded to a social media site.

Signature _____ **Parent** ___ **Guardian** ___

Print Name _____ **Date** _____