

# ST. PAUL'S FAITH FORMATION

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Dear Parents:

The **RELEASE TIME FAITH FORMATION (Religious Education) PROGRAM** for *St. Paul's Parish* will begin on **Wednesday, September 23** for **grades K, 1, 2, 3, 4, 5 & 6**. Classes are held from **8:00 am - 9:00am**. Students are to be dropped off at Church no later than **7:55 AM**. Children will be bused to school when class is dismissed, arriving at school at approximately 9:20AM.

**PLEASE NOTE:** In order for your child to attend Release-time classes at St. Paul's you must complete the form below for **each** child who will attend class on Wednesday morning and return no later than **Friday, September 11**. **Please sign both portions and provide all information requested. Return the School copy to your child's school and return the Church copy to St. Paul's with your registration form.** If you have any questions, you may contact me at the above address or phone. Thank you.  
Kathy Sledziona

✂----- Cut on this line and return to your child's school or to St. Paul's with your registration -----

**SCHOOL Copy** (Please print)

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

My child will attend religious education classes at ST. PAUL'S CHURCH,  
1807 Bedford St., Rome, NY

In keeping with Section 625-B 2 of the Education Law of 1940 and the subsequent rules established by the Commissioner of Education under date of 7/1/40, I hereby make formal request for the release of my child during regular school time for religious education.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Contact Person and/or Work Phone*

**CHURCH Copy** (Please print)

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

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