Parish School of Religion - Faith Formation 2014-2015

Please return Registration	Form and Fee to Churc	h Office	
REGISTRATION FORM	Fee to	cover Text Book \$25.00	
STUDENT INFORMATION			
Name:			
First	Middle	Last	
Date of Birth:	Age:	School Grade entering:	
City/State where child was born:			
Child has received the following Sa		First Reconciliation	
	Name of	Church Nar	me of Church
First Communion	Confi	rmation	
Name of C		Name of Church	insta suisuta
reception of the Sacrament.	otized other than at St. Patrick , w	e will need a copy of the Baptismal Certifi	icate prior to
PARENT / GUARDIAN INFORMATION			
FATHER S NAME	Last	PHONE	
MOTHER'S NAME First	Last	PHONE MAIDEN	
ADDRESS			
CITY	STATE	ZIP	
PLEASE share your Email a	<mark>ddress:</mark>		
In event of an unscheduled cla	ss cancellation, we will reac	h you most quickly by email throug	gh NOTIFY ME via
the Church website. Please re	gister your email at <u>www.sa</u>	aintpatrickcc.com on the HOME pa	ge in the lower
	<u>t</u> give your information to a	nyone other than church staff for	important
notification purposes.			
Allergies or Health Concerns and Em		iee since we have treate an eccesi	
	rgies (especially food allerg	;ies since we have treats on occasio	JN)
Emergency Contact: Wh	ere can we reach <u>an ADULT</u>	during class time if an emergency	occurs ?
Contact Person Name:		Relationship:	
PHONE			
PHONE	as permission to pick your child	d up after class, please list below:	
Children will NOT be released to a			
Name(s):		Relationship:	
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