

Saint Patrick Catholic Church

School of Religion - Faith Formation 2011 - 2012

REGISTRATION FORM

**Section I Student Information Date \_\_\_\_\_**

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Child **has received** the following Sacraments:  Baptism  First Reconciliation  First Communion  Confirmation  
Please mark all that have been received.

**Section II Parent / Guardian Information**

Father's Name: \_\_\_\_\_  
First Last Religion

Mother's Name: \_\_\_\_\_  
First Maiden Name Last Religion

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Home Phone: (\_\_\_\_) \_\_\_\_\_ Mother's Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent(s) Email address: \_\_\_\_\_

**PLEASE** add your email to NOTIFY ME through our Parish website <http://www.saintpatrickcc.com>. NOTIFY ME is a great time saver to alert you to Faith Formation unforeseen class cancellations, reminders, etc.

**Section III Health Problems, Medical Allergies, Food Allergies**

List any health concerns or allergies:  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** ( Other than those listed above )

Contact Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who will be picking up your child after class?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_