

Saint Patrick Catholic Church

Parish School of Religion - Faith Formation 2017-2018

Please return Registration Form and Fee to Church Office

REGISTRATION FORM

Registration Fee \$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 Sacraments: [] Baptism _____ [] First Reconciliation _____
Name of Church Name of Church

[] First Communion _____ [] Confirmation _____
Name of Church Name of Church

If Child is in Grade 2 or 8 and was baptized other than at St. Patrick, we will need a copy of the Baptismal Certificate prior to reception of the Sacrament.

PARENT / GUARDIAN INFORMATION

FATHER'S NAME _____ PHONE _____
First Last

MOTHER'S NAME _____ PHONE _____
First Last MAIDEN

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE share your Email address:

In event of an unscheduled class cancelation, we will reach you most quickly by email through NOTIFY ME via the Church website. Please register your email at www.saintpatrickcc.com on the HOME page in the lower right hand corner. We will not give your information to anyone other than church staff for important notification purposes.

Allergies or Health Concerns and Emergency Contact

List any health concerns or allergies (especially food allergies since we have treats on occasion)

Emergency Contact: Where can we reach an ADULT during class time if an emergency occurs ?

Contact Person Name: _____ Relationship: _____

PHONE _____

If someone other than a parent has permission to pick your child up after class, please list below:
Children will NOT be released to anyone other than these listed.

Name(s): _____ Relationship: _____