

**Saint Patrick Parish Faith Formation
Registration Form
2017-18**

<i>Father's Full Name</i>	<i>Religion</i>
<i>Mother's Full Name</i>	<i>Religion</i>
<i>Address (of custodial parent)</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Home Phone</i>	<i>Cell phone (w/area code)</i>
<i>Non-custodial Parent (if applicable)</i>	<i>Religion</i>
<i>Address</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Home Phone</i>	<i>Cell Phone (w/area code)</i>
EMERGENCY CONTACT	Relationship
<i>Home Phone</i>	<i>Other Phone</i>

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
2.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
3.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
4.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>

Media Release and Authorization

I understand that by signing this release and authorization I hereby grant authority to St Patrick Parish for the use of videos, photographs or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.

Parent/Guardian signature

Date

Faith Formation Tuition/Fees for the St Patrick Faith Formation Program for the 2017-2018 year:

Grades K-10: \$80 per child

Grades 11-12: Free

Cap of \$200 per family

In addition-

Grade 2 (First Reconciliation/Eucharist): \$35 Sacramental fee for additional materials.

Grade 10(Confirmation): \$15 Sacramental Fee for additional materials

The tuition/fees represent approximately 25% of the total cost of the faith formation program. St Patrick Parish subsidizes the remaining 75% of the cost.

Please check one of the following

1. Annual payment due at registration

2. I will pay monthly using automatic withdrawal each month until fee is paid. Please fill out auto-withdrawal sheet.

3. I have contacted my faith formation leader or pastor to arrange for another plan to fit my family's needs.

Your financial payment will be held confidential and if payments are late you will be contacted. Please call your pastor, Youth Ministry Coordinator, or Faith Formation Director if there is a financial problem. ***No student will be denied Catholic faith formation because of inability to pay fee.***

I, the undersigned, understand and accept my financial obligations to my parish and to the Faith Formation Program

Parent/Guardian Signature

Faith Formation Leader

Date _____