CHURCHES OF SAINT PATRICK AND SAINT CASIMIR

1095 DESOTO STREET SAINT PAUL, MN 55130

FAITH FORMATION REGISTRATION

Name	of Parent(s)/Le	gal Guardian	ı(s):					
Addre	ess:								
City:		Postal Code:							
E-mai	l:								
Fathe	r's cell pho	:							
						s St. C e indicate both paren			
Student's Ful	l Name	M F	School 2022-2023	Gr	Birth Date	Date and Church of Baptism	Date of First Communion	Date of Sacrament of Reconciliation	
Regist	tration Fee	s:	Two	Stud	lents	\$ \$ udents\$			
	Please check if you have a child in Grave 3 or higher who has not received the Sacraments of Baptism, Reconciliation or Eucharist, so we can discuss options with you.								
	Please check if you would like to speak to a coordinator in confidence regarding your child or any special needs.								

MEDICAL INFORMATION:

Any Medical, Learning, Behavior Issues or Dietary need: Name Student and Concern:	s we should be aware of?
EMERGENCY CONTACT (name and phone number):	
In the event of a Medical/Dental emergency and I can treatment to be administered to any child/children lis	
Signature of parent/guardian:	Date:
Please indicate below the areas in which you would like talent, to help foster the Spiritual growth and developm	,
Teaching Faith Formation	
Teacher Assistant	
Substitute Teacher	
Tutoring a child with special needs	
Miscellaneous	

Faith Formation Churches of St. Patrick and St. Casimir 1095 DeSoto Street St. Paul, MN 55130 651-774-8675