SAINT PATRICK'S CHURCH

1095 DESOTO STREET

SAINT PAUL, MN 55130

FAITH FORMATION REGISTRATION

•	FOR OFFICE USE ONLY
	Amount Due:
	Amount Paid:
	Balance:

City:					Postal Code:		
E-mail	:						
Home	Home phone: Cell Phone:						
Registered Parishioner of St. Patrick's? Yes No: Children live with :							
				(Plea	ise indicate both paren	its/mother/fa	ther/guardian)
Student's Full	Name M	School 2021-2022	Gr	Birth Date	Date and Church of Baptism	First Communion	Sacrament of Reconciliation
Registration Fees: Preschool							
	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.						

Name of Parent(s)/Legal Guardian(s):

Address:

MEDICAL INFORMATION:

Any Medical, Learning, Behavior Issues or Dietary needs we should be aware of? Name Student and Concern:						
EMERGENCY CONTACT (name and phone number)	ı:					
In the event of a Medical/Dental emergency and treatment to be administered to any child/childre	I cannot be reached, I authorize emergency					
Signature of parent/guardian:	Date:					
Please indicate below the areas in which you woul talent, to help foster the Spiritual growth and deve						
Teaching Faith Formation						
Teacher Assistant						
Substitute Teacher						
Tutoring a child with special needs						
Miscellaneous						

Faith Formation St. Patrick's Church 1095 DeSoto Street St. Paul, MN 55130 651-774-8675