

Registration for Faith Formation

2021-2022 School Year

Cost: \$50—1 Child / \$90—2 or More Children

(Please attach a Check Made Payable to: *The Church of St. Patrick* and note Faith Formation in the Memo Area)

PLEASE PRINT

Date: _____

Child 1 First & Last Name: _____ M/F

Child Nickname: _____

Date of Birth: _____ Current Grade: _____

Personal/Medical Concerns? Y/N *Please notify _____

SACRAMENTS RECEIVED

BAPTIZED: Y / N

NAME OF CHURCH: _____ Month/Year _____

Location of Church: _____

1st COMMUNION: Y / N

NAME OF CHURCH: _____ Month/Year _____

Location of Church: _____

Child 2 First & Last Name: _____ M/F

Child Nickname: _____

Date of Birth: _____ Current Grade: _____

Personal/Medical Concerns? Y/N *Please notify _____

SACRAMENTS RECEIVED

BAPTIZED: Y / N

NAME OF CHURCH: _____ Month/Year _____

Location of Church: _____

1st COMMUNION: Y / N

NAME OF CHURCH: _____ Month/Year _____

Location of Church: _____

REQUIRED: Copy of Baptismal, First Communion and/or Confirmation Certificate if the sacraments were received in another church.: Certificate received: Y/N

(see other side)

FAMILY INFORMATION:

FAMILY LAST NAME: _____

Mailing Address: _____ City: _____ ZIP _____

Father's First & Last Name: _____

Father's Cell Phone: _____

Father's Email: _____

Father's Religion: _____

Mother's First & Last Name: _____

Mother's Cell Phone: _____

Mother's Email: _____

Mother's Religion: _____

EMERGENCY CONTACT:

Relationship to Student: _____

First & Last Name: _____

CELL Phone: _____

St. Patrick Church is authorized to release your child to the following only:

Full Name: _____

Phone #: _____ Cell or Home

Full Name: _____

Phone #: _____ Cell or Home

OFFICE INFO: Paid: \$ _____ on DATE: _____ REC/D BY: _____ (init)