

Saint Patrick Catholic Church
Parish School of Religion - Faith Formation 2020-2021

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: _____

School Attending: _____ City/State where child was born: _____

Child **has received** the following Sacraments:

☐ Baptism _____ ☐ First Communion _____
Name of Church Name of Church

☐ Confirmation _____
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 Sacraments of First Communion or Confirmation.

PARENT / GUARDIAN INFORMATION

FATHER'S NAME _____ PHONE _____
First Last

MOTHER'S NAME _____ PHONE _____
First Last MAIDEN

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Do both parents have permission to pick up child? _____

EMAIL Address: _____

Required

Emergency Info: (Allergies to food or medical concerns: _____)

Adult to reach in event of emergency:

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: _____

PHONE _____