

St. Patrick Religious Education Registration 2018-2019

PLEASE PRINT

Please circle: **Wednesday 4th - H.S.**
Sunday Pre-K - 5th

FAMILY NAME: _____ **STUDENT NAME:** _____

City/State of Birth: _____ **DOB:** **Gender: (M/F)** _____

Address: _____ **City/Zip:** _____

Home Phone #: _____ **As of September: Age:** _____

School Name: _____ **Grade in Religious Education:** _____

Primary Legal Custody of Child: (Check) **Parents:** _____ **Mom:** _____ **Dad:** _____ **Other:** _____

(if other please explain:) _____

Mother's Name: _____ **Maiden Name:** _____ **Father's Name:** _____

Religion: _____ **Religion:** _____

Cell #: _____ **Cell #:** _____

Work#: _____ **Work#:** _____

Email: _____ **Email:** _____

Allergies: (Food, Medication, etc.) _____

Special Needs: (ADHD, Autism, etc.) _____

SACRAMENTAL INFORMATION

Are you a registered parishioner of St. Patrick Church? _____ **NO** _____ **YES** _____

Have you submitted a copy of your child's Baptism Certificate? _____

Baptism: **Church:** _____ **City/State:** _____

First Comm./Reconciliation: **Church:** _____ **City/State:** _____

Confirmation: **Church:** _____ **City/State:** _____

TUITION FEE:		Church Use Only	
1 Student:	\$50	Registration	_____
2 Students:	\$90	Photo Release	_____
3 or more Students:	\$125	Payment Received	_____
First Eucharist Retreat Fee:	\$30	Family Life Series	_____
8 th Grade Confirmation Retreat Fee:	\$30		
9 th Grade Confirmation Retreat Fee:	\$35		

Parent/Guardian Signature: _____