NEW FAMILIES

ST. PATRICK'S RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM 2011-12

TODAY'S DATE:_____

FAMILY LAST NAME:_____ _____ _____
FATHER/GUARDIAN MOTHER/GUARDIAN

PHONE #: _____ PHONE #: _____

STREET ADDRESS:_____P.O.BOX:_____ CITY:_____ ZIP CODE:_____

HOME PHONE:_____ UNLISTED: _____ Y _____ N E-MAIL ADDRESS:_____

WHEN SENDING MAIL, ADDRESS TO (CHOOSE ONE)? MR./MRS. MR. MISS MS. DR./MRS. MR./DR. OTHER:_____

REGISTERED AT THIS CHURCH: ☐ Y ☐ N

----------**EMERGENCY INFORMATION**----------**VOLUNTEER INFORMATION**----------

In the event of an emergency, if we are unable to reach you, please give name of person to contact:

NAME:_____

PHONE #:_____

RELATIONSHIP:_____

I WILL VOLUNTEER FOR:

*Teaching ☐ *Teacher's Aide ☐ *Substitute Teaching ☐

* **BACKGROUND CHECK & SAFE ENVIRONMENT NEEDED**

Family gatherings ☐ Cooking/Baking ☐

<<<<<<<<<<<<<<<<<<<<<<ELEMENTARY STUDENT INFORMATION >>>>>>>>>>>>>>>>>>>>>>

1 CHILD $30.00 _____ 2 OR MORE CHILDREN $50.00 _____ **TOTAL PAYMENT** _____

(SCHOLARSHIPS AVAILABLE)

STUDENT NAME:_____ M_____ F _____
First Middle Last

DATE OF BIRTH_____

PRESCHOOL CLASSES HELD ON SUNDAY 9:00-10:20 & DURING 10:30 MASS

PRESCHOOL: AGE LEVEL THIS YEAR ☐ 3 YRS. ☐ 4YRS. ☐ 5 YRS. _____K ☐ (CHECK ONE)

WHICH CLASS TIME DO YOU PREFER_____9:00 _____10:30

ELEMENTARY CLASSES HELD ON SUNDAY 9:00-10:20 AM

ELEMENTARY: GRADE THIS YEAR _____ SCHOOL _____

ATTENDED RELIGIOUS ED. CLASSES AT ST. PATRICK'S BEFORE: _____ Y _____ N

HEALTH PROBLEMS:_____

SACRAMENTS: Does your child need sacrament preparation this year ☐ Y ☐ N

If yes, please check sacrament preparation needed this year and attach Baptismal certificate if child was not Baptized at St. Patrick's

☐ BAPTISM ☐ FIRST COMMUNION ☐ FIRST RECONCILIATION ☐ CONFIRMATION

SACRAMENT HISTORY: BAPTIZED CATHOLIC Y_____N_____

1. BAPTISM DATE:_____ CHURCH_____ CITY & STATE_____

2. FIRST COMMUNION DATE:_____ CHURCH_____ CITY & STATE_____

3. FIRST RECONCILIATION DATE:_____ CHURCH_____ CITY & STATE_____

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STUDENT NAME:_____ M _____ F_____
First Middle Last

PRESCHOOL CLASSES HELD ON SUNDAY 9:00-10:20 & DURING 10:30 MASS **DATE OF BURTH**_____

PRESCHOOL: AGE LEVEL THIS YEAR ☐ 3 YRS. ☐ 4YRS. ☐ 5 YRS ☐ K ☐ (CHECK ONE)

WHICH CLASS TIME DO YOU PREFER _____9:00 _____ 10:30

ELEMENTARY CLASSES HELD ON SUNDAY 9:00-10:20 AM

ELEMENTARY: GRADE THIS YEAR _____ SCHOOL _____

ATTENDED RELIGIOUS ED. CLASSES AT ST. PATRICK'S BEFORE: ☐ Y ☐ N

HEALTH PROBLEMS:_____

SACRAMENTS: Does your child need sacrament preparation this year ☐ Y ☐ N

If yes, please check sacrament preparation needed this year and attach Baptismal certificate if child was not Baptized at St. Patrick's

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3. FIRST RECONCILIATION DATE:_____ CHURCH_____ CITY & STATE_____

<<<<<<<<<<<<<<CONFI/JR. & SR. HIGH STUDENT INFORMATION (NO CHARGE)>>>>>>>>>>>>>>>
ALL CLASSES HELD WEDNESDAY NIGHT 7:00-8:30

STUDENT NAME:_____ M _____ F_____ STUDENT CELL #_____
First Middle Last

ATTENDED RELIGIOUS ED CLASSES AT ST. PATRICK'S BEFORE: ____ Y ____ N **DATE OF BIRTH**_____

HEALTH PROBLEMS:_____

SACRAMENTS: Does your child need sacrament preparation this year ☐ Y ☐ N

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HEALTH PROBLEMS:_____

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