

ST. PATRICK'S RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM 2006-07

TODAY'S DATE: _____ CHECK IF FAMILY IS NEW TO ST. PATRICK'S RELIGIOUS EDUCATION PROGRAM

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

STREET ADDRESS: _____ P.O.BOX: _____

CITY: _____ ZIPCODE: _____

HOME PHONE: _____ UNLISTED: Y N

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

REGISTERED AT THIS CHURCH: Y N

-----PARENT/GUARDIAN INFORMATION-----

FATHER/GUARDIAN OF CHILD
(CIRCLE ONE)

MOTHER/GUARDIAN OF CHILD
(CIRCLE ONE)

NAME: _____

NAME: _____

BUSINESS: _____

BUSINESS: _____

BUS. PHONE: _____

BUS.PHONE: _____

RELIGION: _____

RELIGION: _____

MARITAL STATUS: _____

MARITAL STATUS: _____

-----EMERGENCY INFORMATION-----

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

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER _____

-----VOLUNTEER INFORMATION-----

I WILL VOLUNTEER FOR:

Teaching _____ Teacher's Aide _____ Substitute Teaching _____
Chaperone Youth Activities _____
Driving _____ Babysitting _____
(Background Checks required to be a volunteer in these areas)

BACKGROUND CHECK ON FILE Y N
HAVE YOU ATTENDED SAFE ENVIRONMENT TRAINING Y N

OTHER AREAS OF VOLUNTEERISM:

Sewing _____
Bulletin Boards _____
Classroom Craft Preparation _____
Family Gatherings _____
Music _____
Cooking/Baking _____

-----TUITION FEES-----

1 CHILD \$30.00 _____ 2 OR MORE CHILDREN \$60.00 _____ **TOTAL PAYMENT** _____

Installment payments are accepted and some scholarships are available. Please see coordinator of program.

-----STUDENT INFORMATION-----

STUDENT NAME: _____ SEX: _____ BIRTHDATE _____

First Middle Last

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

PRESCHOOL: AGE LEVEL THIS YEAR 3 YRS. 4YRS. 5 YRS. - KINDERGARTEN (CHECK ONE)

ELEMENTARY CLASSES HELD ON SUNDAY 9 - 10:20 AM

ELEMENTARY: GRADE THIS YEAR _____ SCHOOL _____

JR. & SR. HIGH AND CONFIRMATION CLASSES HELD ON WEDNESDAY 7-8:30 PM

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:

1. _____ BAPTISM: _____ BAPTIZED CATHOLIC Y N
DATE: _____ CHURCH _____ CITY & STATE _____

BIRTHDATE _____ CITY & STATE _____

2. _____ FIRST COMMUNION:
DATE: _____ CHURCH _____ CITY & STATE _____

3. _____ FIRST RECONCILIATION:
DATE: _____ CHURCH _____ CITY & STATE _____

← TO REGISTER MORE THAN ONE CHILD SEE BACK SIDE →

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