

St. Patrick Catholic Church

CHRISTIAN FAITH FORMATION REGISTRATION

Kindergarten – 12th Grade

September - May

\$25 per student; *Scholarships Available (circle if scholarship is requested)*

- **Complete both sides of form.**
- **Please print clearly.**
- **List the first and last names of each parent or guardian.**

Parent(s)/Guardian(s) _____

Address _____

City & Zip Code _____

Email (this is our primary method of communication!): _____

Phone: Home _____ Work _____ Cell _____

Please supply the following information in its entirety for each category, including sacraments received at St. Patrick Church:

Child's Full Name First, Middle, Last	Birth Date & Location	Grade	Baptism Year & Location	Reconciliation Year & Location	Eucharist Year & Location	Confirmation Year & Location

SEE REVERSE

(Continued from reverse)

Medical needs, allergies, or other information the catechists should know for *each child*:

Who may pick up each student and what is their relationship to the student (identification may be requested by the catechist):

May student/students be released on his or her own? Yes _____ No _____

Permission to publish photos of your children taken at parish events in parish publications? Yes _____ No _____

Parent/Guardian Signature: _____

Date: _____