St. Patrick Catholic Church

RELIGIOUS EDUCATION REGISTRATION

Kindergarten – 12th Grade
September - May
$25 student; *Scholarships Available (circle if scholarship is requested)*

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

Parent(s)/Guardian(s)_____

Address _____

City & Zip Code _____

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

Phone: Home _____ Work _____ Cell _____

Please <u>complete ALL information in each box</u> as requested for <u>each year's Rel. Ed. registration process</u>:

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

<u>SEE REVERSE</u>

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 ____

Print Parent's Name: _____

Parent Signature: _____

Date: _____

Permission to use photos of my children taken at parish events in parish publications: YES ___   NO ___