

St. Patrick Religious Education Registration 2016-2017

Office use	Class:
Payment Method	

PLEASE PRINT

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

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

Address: _____ City/Zip: _____

Home Phone #: _____ Age as of September: _____ Grade in Religious Education: _____

School Name: _____ Grade in School: _____

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

(if other please explain:)

Mother's First 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

Have you submitted a copy of your child's Baptism Certificate? NO _____ YES _____

Baptism: Church: _____ City/State: _____

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

Confirmation: Church: _____ City/State: _____

TUITION FEE:	
1 Student:	\$50
2 Students:	\$90
3 or more Students:	\$125
Additional Confirmation Retreat Fee:	\$25
Additional First Communion Retreat Fee:	\$25
Total:	

As the primary teachers of your child, you are being asked to make a special commitment in the formation of your child's faith. Please adhere to the following policies:

- *Regular Attendance at Sunday Mass
- *Responsibility for my child's attendance at weekly classes
- *Ensure all missed sessions are made up at home
- *Partnering with my child's teacher by learning their name, reinforcing the lessons at home, and offering to help in any capacity you are able.

Parent/Guardian Signature: _____