St. Patrick Catholic Church

RELIGIOUS EDUCATION REGISTRATION

Kindergarten – 12th Grade September - May \$23 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 prima	ary method of o	commun	ication!):			
Phone: Home			Work		Cell	
Please print each chile	d's first, midd	le, and l	ast name and note	birthdates and sacram	ents received with	years and locations:
Child's Full Name First, Middle, Last	Birth Date & Location	Grade	Baptism Year & Location	Reconciliation Year & Location	Eucharist Year & Location	Confirmation Year & Location
Registration fee \$23/ch	nild	L	Due on or before 9/1			SEE REVERSE

St. Patrick Church K-12 Religious Education Program (Continued from reverse)

Medical needs, allergies, or other information the catechists should know for <i>each child</i> :
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
Parent Signature: Date: