



Saint Patrick Catholic Community

Religious Education



Please complete form and include a payment of \$100 for each student. Sacrament fees are as follows:
1st Reconciliation- \$10, 1st Eucharist- \$20, Confirmation- \$30 (All fees are due at time of registration)

Circle Religious Education option in order of preference below:

Please note: 8th Grade students meet on the Sunday morning schedule only.

Option 1: Grades 1 – 8, Sunday Mornings from 9:30 A.M. – 10:45 A.M.

Option 2: Grades 1 – 7, Wednesday Evenings from 5:15 P.M. – 6:30 P.M.

Please print

Child Name _____ Grade (in fall '19) _____
Last *First* *Middle* Male _____ Female _____

Child's Birth date _____ City/St _____

Number of years in a Religious Education Program beginning with Grade 1: _____

Name of Catholic Church where your child's Religious Education took place if not at St. Patrick's Church:

Church _____
City *State* *Grade(s) attended*

Church _____
City *State* *Grade(s) attended*

Church _____
City *State* *Grade(s) attended*

Rite to Christian Initiation with children: Church _____
City *State* *Date(s)*

Sacrament Information:

Baptism yes ___ no ___ Church _____
City *State* *Date*

Reconciliation yes ___ no ___ Church _____
City *State* *Date*

Eucharist yes ___ no ___ Church _____
City *State* *Date*

Is your child a registered member of St. Patrick Church Community? Yes ___ No ___

If no, name of church your child is a registered member _____

Parent/Guardian signature _____ Date _____

Please complete back page of this form....

FATHER'S INFORMATION: Birth/Adopted Parent___ Step-Parent___ Legal Guardian___

Last Name First Religion

Address City & State Zip

Home Phone_____ Cell _____ Work Phone_____ Married ___ Single Parent ___

Email address_____

MOTHER'S INFORMATION: Birth/Adopted Parent___ Step-Parent___ Legal Guardian___

Last Name First Maiden Religion

Address(If different from above) City & State Zip

Home Phone_____ Cell _____ Work Phone_____ Married ___ Single Parent___

Email address_____

EMERGENCY MEDICAL REPORT (2019-2020)

Child's Last Name, First Name _____

Address_____

Phone number(s) where you can be reached: _____

Father's Work # _____ Mother's Work # _____

Email where you would like us to contact you _____

In case of emergency and we are unable to reach you, do you wish another person to be called? If so, indicate name, relationship and phone number.

Name _____ Phone _____ Relationship _____

In case of emergency if parents cannot be reached, do you wish us to contact the doctor? If so, please complete this section:

Name of Doctor _____ Phone _____

If there's any medical information that you think we should be aware, please list details below: (ex: medication, allergies, treatment, physical or mental disabilities, preferential seating due to hearing/vision, etc.)

Parent/Guardian signature _____ Date _____