

## **Faith Formation**



Please complete form and include a payment of \$125 for your student or \$225 for a family. Fees to cover the additional cost of materials for sacramental prep years are as follows: 1<sup>st</sup> Reconciliation- \$20, 1<sup>st</sup> Eucharist- \$30, Confirmation- \$40 (All fees are due at time of registration)

## Circle Religious Education option in order of preference below:

**Please note:** 8<sup>th</sup> 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					Cuada (i	n fall /22\
Child Name	 Last				-	n fall '22) Female
Address						
		_	City	State	Zip	
Child's Birth da	te	City/St				
Number of year	rs in a Faith Fo	ormation Program b	peginning with Grade	e 1:		
Name of Catho	lic Church whe	ere your child's Fait	th Formation took pla	ace if not at St. Patr	ick's Chu	ırch:
Church						
		City	State	Grade(s) at	tended	
Church						
Church		City	State	Grade(s) att	ended:	
Church		 City	State	 Grade(s) att	ended	
		City	State	Grade(3) att	criaca	
Rite to Christiar	n Initiation wit	h children: Church <sub>-</sub>				
Sacrament Info	rmation:		City	S	itate	Date(s)
		Church				
Baptism	yesno	Church	City		tate	Date
			•			
Reconciliation	yesno	Church	City		tate	 Date
			City	_	tute	Dute
Eucharist	yesno	Church			·	
			City	3	tate	Date
Is your child a r	egistered mer	nber of St. Patrick	Church Community?	Yes No		
ii no, name or o	inurch your ch	ilia is a registered n	nember			
Parent/Guardia	an signature _				Date	

Please complete back page of this form....

FATHER'S INFORMATION:	Birth/Adopted Par	ent Step-Pa	irent Le	gal Guardian_	
Last Name	First			Religion	
Address		City & State			Zip
Home Phone	Cell	ellWork Phone		Married	Single Parent
Email address					
MOTHER'S INFORMATION	: Birth/Adopted Par	entStep-Par	entLeg	gal Guardian	_
Last Name First	Maide	en	Religion		
Address(If different from a	bove)	City & State			Zip
Home Phone	Cell	Work Phone_		Married _	Single Parent
Email address					
AddressPhone number(s) where yo	ou can be reached:				
Father's Phone:		Mother's Pho	ne:		
Email where you would like	e us to contact you_				
In case of emergency and v relationship and phone nur		ach you, do you v	wish anoth	er person to b	e called? If so, indicate
Name					
In case of emergency if par section:	ents cannot be read	ched, do you wis	h us to con	tact the docto	or? If so, please complet
Name of Doctor		Phone			
If there's any medical infor allergies, treatment, physic	•				
Parent/Guardian signature					Date