

Please complete form and include a payment of \$130.00 for each student. Sacrament fees are as follows:
1st Reconciliation- \$25, 1st Eucharist- \$35, Confirmation- \$45 (All fees are due at time of registration and non-refundable)

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 '23) _____
Last First Middle Male Female

Child's Birth date _____ City/St _____

Number of years in a Faith Formation Program beginning with Grade 1: _____

Name of Catholic Church where your child's Faith Formation 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

Please supply proper documentation for Sacramental Records.

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 (2023-2024)

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 _____