



# Saint Patrick Catholic Community

## Faith Formation



Please complete form and include a payment of \$130 for your student or \$255 for a family. Fees to cover the additional cost of materials for sacramental prep years are as follows: 1<sup>st</sup> Reconciliation- \$25, 1<sup>st</sup> Eucharist- \$35, Confirmation- \$45 (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 \_\_\_\_\_ Grade (in fall '25) \_\_\_\_\_  
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

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 CONTACT (2025-2026)**

Child's Last Name, First Name \_\_\_\_\_

Address\_\_\_\_\_

Phone number(s) where you can be reached:

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

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\_\_\_\_\_