Office use Only:		Registration	Form	
Bapt Cert	Check N	lo	Amount Paid	Initial
		Registration	Fees	
Members of St. Pa	trick: One Ch	nild \$35; Family \$50	Non-Members:	One Child \$50; Family \$65
Scholarships are	available if n	eeded. NO ONE is de	enied RE due to t	he inability to pay the fee.
		Family Inform	ation	
Family Name		Are	you registered par	ishioners?
				Zip
Home Phone		Cell/Alterr		
Email Address				
Address of Parents i	f different than	child(ren):		
Father's Name:			Relig	ion:
		City		
		Maiden Name		Religion:
		City		Zip
		Cell/Al		
Email Address				
Emergency Contact:				
Relationship				
		Children's Infor	mation	
(For each first-time sti	ident not baptize	ed at St. Patrick Church, p	blease attach a copy	of Baptismal Certificate)
1) Child's Full Name			Sex: M / F	Date of Birth
Hospital of Birth (ind	clude address)			
Health Issues (inclue	ding allergies)			<u> </u>
Sacraments	Date	Church	Address if othe	er than St. Patrick
Baptism				
Reconciliation				
First Eucharist				
Confirmation				

## ST. PATRICK RELIGIOUS EDUCATION Registration Form

2) Child's Full Name	e		Sex: M / F Date of Birth	
Hospital of Birth (in	clude address	5)		
Grade in Fall 2015		Schoo	l District	
Health Issues (inclu	iding allergies	;)		
Sacraments	Date	Church	Address if other than St. Patrick	
Baptism				
Reconciliation				
First Eucharist				
Confirmation				
3) Child's Full Name	e		Sex: M / F Date of Birth	
Hospital of Birth (in	clude address	5)		
Grade in Fall 2015 School District				
Health Issues (inclu	Iding allergies	5)		
Sacraments	Date	Church	Address if other than St. Patrick	
Sacraments Baptism	Date	Church	Address if other than St. Patrick	
	Date	Church	Address if other than St. Patrick	
Baptism	Date	Church	Address if other than St. Patrick	
Baptism Reconciliation	Date	Church	Address if other than St. Patrick	
Baptism Reconciliation First Eucharist		Church	Address if other than St. Patrick	
Baptism Reconciliation First Eucharist Confirmation	e			
Baptism Reconciliation First Eucharist Confirmation 4) Child's Full Name	e	5)		
BaptismReconciliationFirst EucharistConfirmation4) Child's Full NameHospital of Birth (in	e clude address	5) Schoo	Sex: M / F Date of Birth	
BaptismReconciliationFirst EucharistConfirmation4) Child's Full NameHospital of Birth (inGrade in Fall 2015	e clude address	5) Schoo	Sex: M / F Date of Birth	
BaptismReconciliationFirst EucharistConfirmation4) Child's Full NameHospital of Birth (inGrade in Fall 2015Health Issues (inclu	e clude address iding allergies	5) Schoo ;)	Sex: M / F Date of Birth	
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BaptismReconciliationFirst EucharistConfirmation4) Child's Full NameHospital of Birth (in Grade in Fall 2015Health Issues (incluSacramentsBaptism	e clude address iding allergies	5) Schoo ;)	Sex: M / F Date of Birth	