

**ST. PATRICK RELIGIOUS EDUCATION  
Registration Form**

Office use Only:

Bapt Cert \_\_\_\_\_ Check No. \_\_\_\_\_ Amount Paid \_\_\_\_\_ Initial \_\_\_\_\_  
Registration Fees

**Members of St. Patrick: One Child \$35; Family \$50 Non-Members: One Child \$50; Family \$65**

**Scholarships are available if needed. NO ONE is denied RE due to the inability to pay the fee.**

Family Information

Family Name \_\_\_\_\_ Are you registered parishioners? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address of Parents if different than child(ren):

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Children's Information

(For each first-time student not baptized at St. Patrick Church, please attach a copy of Baptismal Certificate)

1) Child's Full Name \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_

Hospital of Birth (include address) \_\_\_\_\_

Grade in Fall 2015 \_\_\_\_\_ School District \_\_\_\_\_

Health Issues (including allergies) \_\_\_\_\_

| <b>Sacraments</b> | <b>Date</b> | <b>Church</b> | <b>Address if other than St. Patrick</b> |
|-------------------|-------------|---------------|--|
| Baptism           |             |               |  |
| Reconciliation    |             |               |  |
| First Eucharist   |             |               |  |
| Confirmation      |             |               |  |

2) Child's Full Name \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_

Hospital of Birth (include address) \_\_\_\_\_

Grade in Fall 2015 \_\_\_\_\_ School District \_\_\_\_\_

Health Issues (including allergies) \_\_\_\_\_

| <b>Sacraments</b> | <b>Date</b> | <b>Church</b> | <b>Address if other than St. Patrick</b> |
|-------------------|-------------|---------------|--|
| Baptism           |             |               |  |
| Reconciliation    |             |               |  |
| First Eucharist   |             |               |  |
| Confirmation      |             |               |  |

3) Child's Full Name \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_

Hospital of Birth (include address) \_\_\_\_\_

Grade in Fall 2015 \_\_\_\_\_ School District \_\_\_\_\_

Health Issues (including allergies) \_\_\_\_\_

| <b>Sacraments</b> | <b>Date</b> | <b>Church</b> | <b>Address if other than St. Patrick</b> |
|-------------------|-------------|---------------|--|
| Baptism           |             |               |  |
| Reconciliation    |             |               |  |
| First Eucharist   |             |               |  |
| Confirmation      |             |               |  |

4) Child's Full Name \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_

Hospital of Birth (include address) \_\_\_\_\_

Grade in Fall 2015 \_\_\_\_\_ School District \_\_\_\_\_

Health Issues (including allergies) \_\_\_\_\_

| <b>Sacraments</b> | <b>Date</b> | <b>Church</b> | <b>Address if other than St. Patrick</b> |
|-------------------|-------------|---------------|--|
| Baptism           |             |               |  |
| Reconciliation    |             |               |  |
| First Eucharist   |             |               |  |
| Confirmation      |             |               |  |