

**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) \_\_\_\_\_

Sacraments	Date	Church	Address if other than St. Patrick
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			