



St. Patrick Religious Education New Student of Registered Family

Please complete the following information to register with Saint Patrick Parish and the Religious Education Program. The information you provide is **CONFIDENTIAL**

Today's Date: _____ Family Envelope # _____

Preferred Family Last Name: _____

Address: _____

City and State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Family Email Address: _____

NEW STUDENT INFORMATION

Child's First Name: _____ Child's Last Name _____

Date of Birth: _____ Gender: Male Female

Birth Mother's Name: _____

Birth Father's Name: _____

School Child Attends: _____

School Grade as of September 2017: _____

If any, has your child received prior Religious Education Instruction? Yes No

If yes, where: Catholic School Religious Education

Name of School/Parish: _____ Last Grade/Level Completed _____

Does your child have any allergies, physical or behavioral conditions that we should be made aware of? Yes No

If yes, please explain:

SACRAMENTAL INFORMATION

Please note a copy of your child's Baptismal Certificate is required for Religious Education Registration

BAPTISM	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	Church: _____
	City/State: _____
FIRST COMMUNION	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	Church: _____
	City/State: _____

<i>Parish Office Use</i>	
First Fruits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ex	
REO Level: _____	
Date: _____	
Initials: _____	

LAST NAME: _____