

PLEASE LIST ALL CHILDREN UNDER THE AGE OF 18 LIVING IN YOUR HOME

Child's Information		Child's Information		Child's Information		Child's Information	
Last Name							
First Name							
Date of Birth							
Gender (please circle)	<i>Male or Female</i>	<i>Male or Female</i>	<i>Male or Female</i>	<i>Male or Female</i>	<i>Male or Female</i>	<i>Male or Female</i>	<i>Male or Female</i>
School Child Attends							
School Grade as of September 2017							
If any, where has child received prior Religious Education Instruction	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>	<input type="checkbox"/> Catholic School <small>School name and last grade completed</small> <input type="checkbox"/> Religious Education <small>Parish name and last level completed</small>
REO Level (Office Use Only)							
Does your child(ren) have any allergies, physical or behavioral conditions that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (if you need additional space, please attach a separate sheet of paper)							
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 Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Church: _____ City/State: _____



You will find that the Religious Education Program at Saint Patrick is unique in that we do not charge a set tuition for Religious Education. We feel that it is our responsibility and our pleasure to help further our youngest parishioners on their faith journey.

Here at St. Patrick's we are blessed with generous parishioners who are faithful to their obligation to financially support the parish (Precept of the Catholic Church #5) by means of either the Sunday collection or firstFruits giving. For this reason, we expect all families who make use of our Religious Education Program to also be faithful to supporting the parish in this way. Therefore, all families enrolled in the Religious Education program are automatically registered in the parish and are asked to enroll in the firstFruits giving program.

St. Patrick Parish is committed to providing religious education and all our service to all our parishioners regardless of their ability to make use of firstFruits. Any family who is unable to do enroll in firstFruits for a compelling reason is simply asked to email our pastor, Msgr. Thomas Coogan at spparish@optonline.net to explain your specific circumstances.

RELIGIOUS EDUCATION FAMILY ENROLLMENT FORM

[] \$20/month (minimum suggested Religious Education Offering)
OR
[] Other Offertory Contribution \$ _____
Please circle Weekly or Monthly

Note: The Religious Education suggested offering of \$20 per week will be collected once a month on the 15th of the month. Other monthly contribution amounts will be debited on the 15th of the month, or the next business day. If you choose weekly, the contribution will be debited on Mondays.

I would like to enroll in the firstFruits program. I understand that my total contribution amount will be transferred directly from my checking account or credit card as stated above, a record of my gifts will appear on my bank or credit card statement and my transfers will begin next month. I understand that I can increase, decrease, or suspend my giving at any time by submitting in writing to the parish business office 631-665-5184. {All gifts provided to your Church originating as Automated Clearing House transactions comply with U.S. law.}

Signature: X _____ Date: _____

Parishioner Name(s): (please print) _____
Street Address: _____
City/State/Zip Code: _____
Telephone: _____ E-mail: _____
Name as you would like it to appear on Offertory Envelopes: _____

Church Envelope #: _____

For Checking Account Debit: Please return your completed form and a copy of your voided check to firstFruits Enrollment.
For Credit Card Debit: Please complete the following credit card information then return to firstFruits Enrollment. (Please print).

Type of Credit Card: [] VISA [] MasterCard [] American Express

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____

CSV #: _____
(For VISA and MasterCard it is the 3-digit number located next to the signature box on the back of the card. For American Express it is the 4-digit number on the right of the front of the card.)

Speak to the Israelites and tell them: When you come into the land which I am giving you, and reap your harvest, you shall bring a sheaf of the first fruits of your harvest as a thanksgiving offering. Leviticus 23:10

Photo Release

The Parish of Saint Patrick has my permission to use my child's photograph publically to promote the parish. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I hereby give St. Patrick Parish permission to use my child's photograph

I Do Not give permission to St. Patrick Parish to use my child's photograph

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's Name: _____

Phone Number: _____

Child's Name: _____ Formation Grade _____

Child's Name: _____ Formation Grade _____

Child's Name: _____ Formation Grade _____

Family Handbook

I have received and read the **Family Handbook**, and my child(ren) attending St. Patrick Parish Religious Education has/have done so as well. We will abide by and honor the policies and rules set forth in the Handbook.

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's Name: _____

Child's Name: _____ Formation Grade _____

Child's Name: _____ Formation Grade _____

Child's Name: _____ Formation Grade _____