



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:

VOLUNTEER OPPORTUNITY:

Are you interested in volunteering in the Religious Education Program?

Yes No

If yes please list your name _____

How would you like to volunteer?

Catechist (Teacher) Assistant Catechist Hall Monitor

Grade Level(s) _____

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:

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 _____