



St. Patrick Parish and Religious Education Registration Form

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



Msgr. Purick Hall

Today's Date: _____

Preferred Family Last Name: _____

Address: _____

City and State: _____ **Zip Code:** _____

Home Phone Number: _____

BIRTH FATHER

BIRTH MOTHER

Does **NOT** live at above address

Does **NOT** live at above address

Name: _____
 First Last

Name: _____
 First Last

Date of Birth: _____

Maiden Name: _____

Cell Phone: _____

Date of Birth: _____

Email: _____

Cell Phone: _____

Email: _____

Is English the primary language spoken at home:
 Yes No (please list language) _____

Is English the primary language spoken at home:
 Yes No (please list language) _____

Birth Father's Religion: _____

Birth Mother's Religion: _____

What is your marital status:
 Single Married Divorced
 Separated Widow/er

What is your marital status:
 Single Married Divorced
 Separated Widow/er

If Married Civil Church _____

If Married Civil Church _____

Spouse's name if different than above

Spouse's name if different than above

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) _____

LAST NAME: _____

<i>Parish Office Use</i>	
First Fruits:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ex
Envelope #:	_____
Date:	_____
Initials:	_____
<input type="checkbox"/> Religious Ed Family	
<input type="checkbox"/> Parish School Family	

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>
School Child Attends					
School Grade as of September 2018					
Special Needs and Health Information	Does your child(ren) have any allergies, medical, physical or behavioral conditions that we should be aware of If yes, please complete the Information Form for Child with Special Needs on the last page of the registration form <input type="checkbox"/> Yes <input type="checkbox"/> No				
If any, where has child received prior Religious Education Instruction	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School
	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>
	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education
REO Level (Office Use Only)	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>
Photo/Video Release	Unless you expressly state otherwise, the Parish of Saint Patrick has your permission to use your child's photographed or video image to publicly promote the parish. It is understood that the images may be used in print publications, online publications, presentations, websites, and social media. It is also understood that no royalty, fee, or other compensation shall become payable to you by reason of such use. <input type="checkbox"/> I DO NOT give permission to St. Patrick Parish to use my child's photographed/video image				
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Church: _____	Church: _____	Church: _____	Church: _____	Church: _____
	City/State: _____	City/State: _____	City/State: _____	City/State: _____	City/State: _____
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Church: _____	Church: _____	Church: _____	Church: _____	Church: _____
	City/State: _____	City/State: _____	City/State: _____	City/State: _____	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

HEALTH INFORMATION

Child's Name: _____

Formation Grade as of September _____

In order to help assure the well-being of our students we will need to know the following health related information for your child/children. Please read carefully the items listed below, and answer all questions. All forms must be signed for registration to be complete

Has an IEP

Is in Mainstreamed Classroom

Is in Self-Contained Classroom

Allergies

If any of your children experience officially diagnosed ongoing allergies, please explain those conditions below. Explain any special restrictions on activities that this condition may necessitate. If you need more space, please attach an extra sheet.

Allergies and Conditions (please be specific) _____

Special Needs

If any of your children experience officially diagnosed ongoing physical, mental, or emotional health problems, such as learning disabilities, fainting, convulsions, stomach upsets, frequent headaches, asthma or respiratory problems, high blood pressure, heart problems, possible reactions to medication, Asperger's, ADHD, or any other condition that we should know about, please explain those conditions below.

Developmental Delay

Emotional Problem _____

Learning Disabled*

Neurologically Impaired

Autism

Blind/Hearing Impaired

Other _____

If your child has a learning disability, please explain:

Dyslexia

ADHD

Memory/Thinking Disorder

Visual/Auditory

Coordination Deficit

Perceptual/Motor Impairment

Impulsivity

Other _____

Medical Information

If any of your child has an medical issues not mentioned above please list below

Please list any other information which might be helpful for the catechist to know
