

Tuition: \$30.00 per student
(No more than \$70.00 per family)

GRADE _____
School Year: **2011-2012**

ST. PATRICK PARISH FAITH FORMATION REGISTRATION FORM

Student Name _____ Birthdate _____
(FIRST) (MIDDLE) (LAST)

Home Phone _____ Birthplace _____
City/State

Student Address _____

City _____ Zip _____

E-mail _____

Student lives with: ___ Father ___ Mother ___ Guardian

Guardian Name _____

Father's Name _____ Religion _____
(FIRST) (LAST)

Father's Address (if different from student) _____

City _____ Zip _____

Occupation _____ Business/Cell _____

Mother's Name _____ Religion _____
(FIRST) (MAIDEN) (LAST)

Mother's Address (if different from student) _____

City _____ Zip _____

Occupation _____ Business/Cell _____

BAPTISMAL CERTIFICATE MUST BE PROVIDED BEFORE STUDENT CAN BE ENROLLED

Church of Baptism/City _____ Date _____

- Student is not baptized
 Student baptized in other Christian Tradition, ie. Methodist, Baptist, _____
 Student attended St. Patrick Religious Education Program in past
 Student has celebrated the following Sacraments:
 Eucharist Reconciliation Confirmation

(For Office Use Only)

Baptism Certificate on File _____ Tuition Paid _____ Date/Initial _____

Student Name: Last

First

IN AN EMERGENCY, PLEASE CONTACT IN THIS ORDER:

1. _____
Parents' Names Telephone

2. _____
Name Telephone Relationship to student

3. _____
Name Telephone Relationship to student

Student has responsible party's permission to be picked-up by:

- _____
- _____
- _____

Student Health Issues, Allergies, Special Needs (Please be specific)

Primary Physician:

Physician Name Telephone

Other:

Parent/Guardian Signature

Date