



St. Patrick Church Religious Education Registration Form 2017-2018



FAMILY LAST NAME _____ **PARENT'S FIRST NAMES** _____

Mailing Address _____
Street City State Zip

Primary Phone Number _____ Note: This number will be used as a first point of contact
 Family Email Address _____ Please print clearly @ _____

FATHER'S INFORMATION

Address _____
(if different from above)

Religion _____

Work Phone _____

Cell Phone _____

Email Address _____

EMERGENCY CONTACT NAME: _____

MOTHER'S INFORMATION

Address _____
(if different from above)

Religion _____

Work Phone _____

Cell Phone _____

Email Address _____

EMERGENCY CONTACT PHONE: _____

Student Information:

➤ Child #1

FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____

School Attending _____ Grade Level in Fall, 2017 _____ Email _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE: Please indicate your choice of session for this child and realize the expectation of this program is to not only attend the sessions but also to attend Mass on the weekend.

_____ Kindergarten thru Grade 8 **Sundays, 10:00 am – 11:00 am**

_____ Grades 1-8, **Wednesdays, 5:45 pm – 7:00 pm**

OFFICE USE ONLY: Class Assignment Code: _____

➤ Child #2

FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____

School Attending _____ Grade Level in Fall, 2017 _____ Email _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE: Please indicate your choice of session for this child and realize the expectation of this program is to not only attend the sessions but also to attend Mass on the weekend.

_____ Kindergarten thru Grade 8, **Sundays, 10:00 am – 11:00 am**

_____ Grades 1-8, **Wednesdays, 5:45 pm – 7:00 pm**

OFFICE USE ONLY: Class Assignment Code: _____

for additional children, use next page



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STUDENT INFORMATION (continued)

➤ Child #3
 FIRST NAME _____ LAST NAME _____
 M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____
 School Attending _____ Grade Level in Fall, 2017 _____ Email _____
 *Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.
 CLASS SESSION PREFERENCE: Please indicate your choice of session for this child and realize the expectation of this program is to not only attend the sessions but also to attend Mass on the weekend.
 _____ Kindergarten thru Grade 8, **Sundays, 10:00 am – 11:00 am**
 _____ Grades 1-8, **Wednesdays, 5:45pm – 7:00 pm**
 OFFICE USE ONLY: Class Assignment Code: _____

➤ Child #4
 FIRST NAME _____ LAST NAME _____
 M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____
 School Attending _____ Grade Level in Fall, 2017 _____ Email _____
 *Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.
 CLASS SESSION PREFERENCE: Please indicate your choice of session for this child and realize the expectation of this program is to not only attend the sessions but also to attend Mass on the weekend.
 _____ Kindergarten thru Grade 8, **Sundays, 10:00 am – 11:00 am**
 _____ Grades 1-8, **Wednesdays, 5:45 pm – 7:00 pm**
 OFFICE USE ONLY: Class Assignment Code: _____

➤ Child #5
 FIRST NAME _____ LAST NAME _____
 M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____
 School Attending _____ Grade Level in Fall, 2017 _____ Email _____
 *Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.
 CLASS SESSION PREFERENCE: Please indicate your choice of session for this child and realize the expectation of this program is to not only attend the sessions but also to attend Mass on the weekend.
 _____ Kindergarten thru Grade 8, **Sundays, 10:00 am – 11 am.**
 _____ Grades 1-8, **Wednesdays, 5:45 pm – 7:00 pm**
 OFFICE USE ONLY: Class Assignment Code: _____