

**ST. PATRICK'S PARISH COMMUNITY
REGISTRATION FOR FAITH FORMATION 2011—2012**

NAMES OF PARENTS _____ CELL PHONE _____
OR GUARDIANS _____ CELL PHONE _____

ADDRESS _____
(Street) (Box #) (City) (Zip Code)

HOME PHONE _____ WORK PHONE _____ WORK PHONE _____

Contact in case of an emergency: _____
(Name) (Phone)

**NAMES OF SCHOOL AGE CHILDREN
(Oldest to Youngest)**

**If this is your child's FIRST time
registering with St. Patrick's please
(√) check those Sacraments received.**

NAME	GRADE	BIRTHDATE	Sacraments Received			
			Baptism	Eucharist	Reconciliation	Confirmation

If interested please check: Faith aLOUD Choir (Grades 4—6) Xtreme Faith Choir (Grades 7—12)

Comments or Medical Precautions: _____

Requested Tuition: \$20.00 for one student, \$35.00 for two, \$45.00 for three, \$50.00 for four or more.

AMOUNT PAID _____ CASH _____ CHECK _____ CATECHIST _____

PLEASE (√) CHECK THE FOLLOWING WAYS YOU FEEL YOU CAN ASSIST THE PROGRAM.

Catechist _____ Substitute _____ Baby Sitting during Faith Formation classes _____ Driving students to special events _____

Assist with Retreats _____ Preparing meals for retreats _____ Assist with Vacation Bible School (VBS) _____

Other gifts to share _____

THANK YOU!