

**2013-2014 THE CHURCH OF ST. PATRICK'S
FAMILY REGISTRATION FOR FAITH FORMATION**

Last name: _____ Home phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Gender: M F

Date of birth: ____ - ____ - ____ Students Cell: _____

Grade as of September: _____ (K - 10)

School as of September: _____

Catholic Sacraments received: Date _____ Baptism _____ Communion _____ Confirmation _____

Name of Church/State where Sacraments were Rec'vd _____

Medical conditions, allergies, or adaptations helpful for success:

Name: _____ Gender: M F

Date of birth: ____ - ____ - ____ Students Cell: _____

Grade as of September: _____ (K - 10)

School as of September: _____

Catholic Sacraments received: _____ Baptism _____ Communion _____ Confirmation _____

Medical conditions, allergies, or adaptations helpful for success:

Name: _____ Gender: M F

Date of birth: ____ - ____ - ____ Students Cell: _____

Grade as of September: _____ (K - 10)

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Catholic Sacraments received: _____ Baptism _____ Communion _____ Confirmation _____

Medical conditions, allergies, or adaptations helpful for success:

Name: _____ Gender: M F

Date of birth: ____ - ____ - ____ Students Cell: _____

Grade as of September: _____ (K - 10)

School as of September: _____

Catholic Sacraments received: _____ Baptism _____ Communion _____ Confirmation _____

Medical conditions, allergies, or adaptations helpful for success:

Application continues on back page.

****REGISTRATION FEE: \$40.00 for 1st Child \$30 for any additional child****

(All families must be registered parishioners at St. Patrick's, attend Mass regularly, and are asked to use their weekly envelopes. Sacramental preparation may carry separate fees. Please pay fees by the first day of classes. Hardship scholarships are available or a payment schedule can be arranged. Thank you for your support of our FF programs!)

Paid by Cash _____ **Paid by Check #** _____ **Amount:** _____ **Envelope #** _____

Father's name: _____ **Work #:** _____ **Cell:** _____ **Catholic? Y N**

Mother's name: _____ **Work #:** _____ **Cell:** _____ **Catholic? Y N**

Mother's Maiden Name: _____

Name of anyone else with custodial rights: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Custody schedules: _____

Names of others authorized to pick up or transport your children: _____

Non-parent emergency contact: _____ **Phone:** _____

Permission and Liability Release:

I, _____ the parent/guardian of the child/children registered above, hereby, give my permission for his/her/their participation in St. Patrick's Faith Formation programs. I agree to direct my child/children to cooperate and conform to directions and instructions of the St. Patrick's staff and stewards responsible for these programs. I agree that in the event my child is injured as a result of his/her participation in these programs, including organized transportation to and from activities, whether or not caused by the negligence (active or passive) of a St. Patrick's activity, staff or stewards, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent/guardian insurance or any available benefit plan of parent/guardian. I, hereby, give permission to the medical personnel selected by St. Patrick's staff or stewards, should parents/guardians not be available for permission or consultation, to render medical treatment deemed necessary and appropriate by a physician, RN or dentist. I understand St. Patrick's parish, staff, and stewards are not responsible for my child/children should he/she decide to leave the immediate area where a program/activity is taking place or choose to stay after a program/activity has taken place.

Signature of Parent or Legal Guardian

Date

Application continues on back page.