



St. Patrick Catholic Church
Religious Education Registration

FAMILY NAME: _____ **PARENT NAMES:** _____
 Last First

ADDRESS: _____
 Number Street Apt #/PO BOX

City/Town State Zip

PHONE: _____
 Home # Cell # Text? Y or N

EMAIL: _____

REGISTERED AT THIS CHURCH: Y N **IF SO, ENVELOPE NUMBER:** _____

EMERGENCY CONTACT: _____

NAME PHONE NUMBER		
LIST OF APPROVED ADULTS CHILD LISTED ABOVE MAY LEAVE ST. PATRICK CAMPUS		
NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN:

NAME: _____
DATE OF BIRTH: _____ **IS BAPTISM ON FILE?:** Yes No
RELIGION: _____ **GRADE:** _____
SCHOOL: _____ **CELL:** _____ **TEXT?** _____

NAME: _____
DATE OF BIRTH: _____ **IS BAPTISM ON FILE?:** Yes No
RELIGION: _____ **GRADE:** _____
SCHOOL: _____ **CELL:** _____ **TEXT?** _____

NAME: _____
DATE OF BIRTH: _____ **IS BAPTISM ON FILE?:** Yes No
RELIGION: _____ **GRADE:** _____
SCHOOL: _____ **CELL:** _____ **TEXT?** _____

NAME: _____
DATE OF BIRTH: _____ **IS BAPTISM ON FILE?:** Yes No
RELIGION: _____ **GRADE:** _____
SCHOOL: _____ **CELL:** _____ **TEXT?** _____

The Parish has permission to use pictures of my youth for the website and other materials deemed appropriate as means to promote the programs at St. Patrick: Yes or No

SIGNATURE OF PARENTS: _____