

# SAINT PATRICK RELIGIOUS EDUCATION REGISTRATION 2018-2019

(PLEASE PRINT)

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone:(home) \_\_\_\_\_ (work) \_\_\_\_\_

email: \_\_\_\_\_

**REGISTRATION FEE:** \$30 per student (maximum of \$120 per family). For those preparing for 1<sup>st</sup> Communion or Confirmation the fee is \$50 per student. Please make checks payable to "St Patrick."

*Please complete the information below for the Christian Formation Program. Return completed forms as soon as possible.*

## GRADES K THROUGH CONFIRMATION

SUNDAY 9:30AM – 10:30 AM

NAME: \_\_\_\_\_  
First MI Last Nickname

GRADE : \_\_\_\_\_ School \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Does the student need to receive any sacraments?:  
BAPTISM CONFIRMATION EUCHARIST RECONCILIATION

NAME: \_\_\_\_\_  
First MI Last Nickname

GRADE : \_\_\_\_\_ School \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Does the student need to receive any sacraments?:  
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For office use only: REC'D \_\_\_\_\_ AM'T \_\_\_\_\_ CHECK # \_\_\_\_\_ BY \_\_\_\_\_

PAID IN FULL \_\_\_\_\_ BALANCE \_\_\_\_\_

## MEDICAL RELEASE FORM

Name of Parent/Guardian: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

### MEDICAL INFORMATION

- Does your child have any allergies? \_\_\_\_\_ Yes/Si \_\_\_\_\_ No

Name of the child and please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Are there any other physical or emotional conditions of which we need to be aware? : \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of the child and please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me/my emergency contact will be made before any treatment is authorized. YES/ \_\_\_NO\_\_\_

- As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless Saint Patrick Parish, and the Diocese of Richmond as well as its officers, directors, catechists, agents, chaperons, or representatives associated with this program, arising from or in connection with my child attending this program, or including but not limited to accidents, emergencies, exposures to reckless conduct of persons. YES \_\_\_\_\_ NO \_\_\_\_\_

- I give permission for pictures and/or video of my children (named above) engaged in activities related to any church/retreat to have their pictures posted in St John's publications, or websites. YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE (parent/guardian, as applicable) \_\_\_\_\_ Date \_\_\_\_\_