

SAINT PATRICK RELIGIOUS EDUCATION REGISTRATION 2019-2020

(PLEASE PRINT)

Family Name: _____
Mother's Name: _____
Father's Name: _____
email: _____

Address: _____

Phone:(home) _____ **(work)** _____

- **REGISTRATION FEE:** \$30 per student (maximum of \$120 per family). For those preparing for 1st Communion or Confirmation the fee is \$60 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

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 First MI Last Nickname

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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 Saint Patrick's publications, or websites. YES _____ NO _____

SIGNATURE (parent/guardian, as applicable) _____ Date _____