

SAINT PATRICK RELIGIOUS EDUCATION REGISTRATION 2023-2024

(PLEASE PRINT)

Family Name: _____

Address: _____

Mother's Name: _____

Father's Name: _____

Cell Phone:(Father) _____ (Mother) _____

email: _____

REGISTRATION FEE: \$40 per student. For those preparing for 1st Communion or Confirmation the fee is \$60 per student. Please make checks payable to "St Patrick." To paid online please visit our website www.saintpatrickchurchhill.org click E-Giving or click this link <https://giving.ncsservices.org/App/Giving/ncs-1843> and choose **Religious Education Fee.**

- Late Fee \$30.00 for forms turned in after 08/20/2023.

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

GRADES Pre-K THROUGH 10th - SUNDAY 9:30 - 10:30 AM

NAME: _____
First MI Last Nickname

GRADE: _____ School _____

DATE OF BIRTH: _____

Which Sacrament does the student need to receive?

* BAPTISM * CONFIRMATION* RECONCILIATION *EUCHARIST

NAME: _____
First MI Last Nickname

GRADE: _____ School _____

DATE OF BIRTH: _____

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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: _____ 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 _____

SAINT PATRICK CATHOLIC CHURCH AUTHORIZATION TO PICK-UP

Student's Name (s)

Grade(s)

I _____ give permission for Saint Patrick Catholic Church to release my child to the persons named below.
Parent or Guardian

I understand that no other authorization will be necessary for the persons named below to leave church property with my child. I understand any changes to this form will require a new form to be completed.

Name

Mother/Female Guardian

Name

Father/Male Guardian

Name

Relationship to Student

Name

Relationship to Student

Parent-Guardian Signature

Date

Catechist

Date

The student must be signed out. This form is valid from the date of signature through the last day of the current school year.