

# SAINT PATRICK RELIGIOUS EDUCATION REGISTRATION 2024-2025

(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](http://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 08/25/2024.

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

## GRADES Pre-K THROUGH 10<sup>th</sup> - 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

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