

For office staff only: Med.card? Regist. in parish? Amt. due: _____
Y or N Y or N Amt. paid: _____ Check # _____ Cash
Balance: _____ Payment Plan _____

St. Patrick Church

Faith Formation Registration Preschool Through Grade 10
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- *Baptismal Certificates are required for all newcomers to our program, grade 1-10
- *Children must have the registration form and medical card turned in before attending a class.
- *See reverse side for Fee Schedule. If there is financial hardship in your family, please do not hesitate to see Patty Chappie (preschool and grade school) or Diane Mengos (junior high and high school) for confidential arrangements or discounts.
- *Parents, please sign on the line below after receiving the Faith Formation Handbook:

I, _____ have received the Faith Formation Handbook.
Date: _____

Family Data

Family last name: _____ Children's last name, if different: _____

Father, full name: _____ Mother, full name: _____

Primary address for children: _____
(street) (city) (zip)

Persons NOT permitted to pick up children from church events: _____

Please initial if you DO NOT grant permission to include your child in church photos on the parish website (youth first or last names will never be mentioned): _____

Home phone number: _____ Home e-mail address _____

E-mail is vital for faith formation and will be shared with the parish office as well. Thanks for helping us hold down expenses through e-mail use.

Mother, work: _____ Mother, cell: _____

Father, work: _____ Father, cell: _____

Data Concerning Children (Continue on Back)

First child's full name: _____ Birth date: _____

Grade entering: _____ Name of school: _____

Check sacraments received and name of church, city, state where received:

___ Baptism, _____

___ Reconciliation, _____

___ Eucharist, _____

___ Confirmation, _____

Family Name _____

Second child's full name: _____ Birth date: _____

Grade entering: _____ Name of school: _____

Check sacraments received and name of church, city, state where received:

___ Baptism, _____

___ Reconciliation, _____

___ Eucharist, _____

___ Confirmation, _____



Third child's full name: _____ Birth date: _____

Grade entering: _____ Name of school: _____

Check sacraments received and name of church, city, state where received:

___ Baptism, _____

___ Reconciliation, _____

___ Eucharist, _____

___ Confirmation, _____



Fourth child's full name: _____ Birth Date: _____

Grade entering: _____ Name of school: _____

Check sacraments received and name of church, city, state where received:

___ Baptism, _____

___ Reconciliation, _____

___ Eucharist, _____

___ Confirmation, _____

Fee Schedule

Please make checks payable to St. Patrick Church

Preschool...	\$60
Kindergarten...	\$60
Grade 1....	\$60
Grade 2...	\$80 (to cover the two sacrament textbooks)
Grade 3...	\$60
Grade 4...	\$60
Grade 5...	\$60
Grade 6...	\$60
Grade 7...	\$100 plus a Bible is needed
Grade 8...	\$100 plus a Bible is needed
Grade 9	\$100 plus a Bible is needed
Grade 10	\$20 (to cover final Confirmation prep and Confirmation weekend)
Grade 11-12	No fee--pay per event

<u>Family Discounts</u>
2 Registered Children Minus \$15
3 Registered Children Minus \$30
4 Registered Children Minus \$45
Total from left _____
Minus discounts _____
Final Amount Due _____