

**St. Patrick Catholic Church Registration: Elementary
Faith Formation
Sacrament Preparation
Youth Ministry**

General Family Information

Family Last Name: _____

Registered member at St. Patrick Catholic Church? YES NO

If you answered NO, what parish are you registered at?

Father/Guardian: _____

Address: _____

City: _____ Zip: _____

Home#: _____ Cell#: _____

Religion: _____

Email: _____

Mother/Guardian: _____

Maiden Name: _____

Address: _____

City: _____ Zip: _____

Home#: _____ Cell#: _____

Religion: _____

Email: _____

OFFICE USE ONLY

Date Rec'd: _____ Payment Rec'd by: _____ Method of Payment: _____ Cash _____ Check _____

Amount Paid: _____

Sacrament Preparation

****Please Note: If your child attends public schools and is preparing for the sacraments, they must also be enrolled and faithfully attend either Elementary Faith Formation or Youth Ministry.**

Child Name: _____ Sex: M F D.O.B. ____/____/____

Current Grade: _____ School: _____

Circle sacraments ALREADY received:

Baptism Church: _____ City: _____ State: _____

Name of priest or deacon that baptized the child: _____

If registering for Sacrament Preparation, indicate the sacrament your child is enrolling in:

First Reconciliation: Elementary (Grades 2nd-4th) Middle School (Grades 5th-8th)

Confirmation: Elementary (Grades 3rd and 4th) Middle School (Grades 5th-8th)

First Eucharist: Elementary (Grades 3rd and 4th) Middle School (Grades 5th-8th)

List any allergies, medical conditions, learning or physical limitations we should be aware of:

Child Name: _____ Sex: M F D.O.B. ____/____/____

Current Grade: _____ School: _____

Circle sacraments ALREADY received:

Baptism Church: _____ City: _____ State: _____

Name of priest or deacon that baptized the child: _____

If registering for Sacrament Preparation, indicate the sacrament your child is enrolling in:

First Reconciliation: Elementary (Grades 2nd-4th) Middle School (Grades 5th-8th)

Confirmation: Elementary (Grades 3rd and 4th) Middle School (Grades 5th-8th)

First Eucharist: Elementary (Grades 3rd and 4th) Middle School (Grades 5th-8th)

List any allergies, medical conditions, learning or physical limitations we should be aware of:

*Please see note on page four:
Registration Fee Explanation and Total*

Subtotal: \$20.00/child _____

Elementary Faith Formation (Grades K-5th) & Youth Ministry (Grades 6th –High School)

Student Name: _____ Sex: M F D.O.B. ____/____/____

Current Grade: _____ School: _____

Sacraments ALREADY received: Baptism Reconciliation Confirmation First Eucharist

Circle the grade enrolling in: K/1st Second Third Fourth/Fifth Youth Ministry

List any allergies, medical conditions, learning or physical disabilities we should be aware of:

Student Name: _____ Sex: M F D.O.B. ____/____/____

Current Grade: _____ School: _____

Sacraments ALREADY received: Baptism Reconciliation Confirmation First Eucharist

Circle the grade enrolling in: K/1st Second Third Fourth/Fifth Youth Ministry

List any allergies, medical conditions, learning or physical disabilities we should be aware of:

Student Name: _____ Sex: M F D.O.B. ____/____/____

Current Grade: _____ School: _____

Sacraments ALREADY received: Baptism Reconciliation Confirmation First Eucharist

Circle the grade enrolling in: K/1st Second Third Fourth/Fifth Youth Ministry

List any allergies, medical conditions, learning or physical disabilities we should be aware of:

Student Name: _____ Sex: M F D.O.B. ____/____/____

Current Grade: _____ School: _____

Sacraments ALREADY received: Baptism Reconciliation Confirmation First Eucharist

Circle the grade enrolling in: K/1st Second Third Fourth/Fifth Youth Ministry

List any allergies, medical conditions, learning or physical disabilities we should be aware of:

*Please see note on page four:
Registration Fee Explanation and Total*

Subtotal: **\$22.00/child:** _____

Registration Fee Explanation

As with any program, there are many costs associated with it. Because the Covid-19 has financially affected many families this year, we are sympathetic to those experiencing financial hardship. If you are unable to pay the full amount due, please pay what you can afford.

No family is ever turned away due to financial hardship.

Registration Fee Total

1.) Please add your subtotals together.

2.) Total amount due: \$ _____.

Please make check payable to St. Patrick Catholic Church.

3.) You can either drop off your registration forms with payment or mail it in:

St. Patrick Catholic Church
630 S. West Silver Lake Rd
Traverse City, MI 49685