

St. Patrick Catholic Church

Religious Education Registration

Please return to Parish Office by JUNE 30th

Please Print Clearly

Family Name _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____
 Home E-mail _____

Father Last Name _____ First Name _____
 Cell Phone _____ Work Phone _____
 Religion _____ E-mail _____
 Address if different _____

Mother Last Name _____ First Name _____
 Cell Phone _____ Work Phone _____
 Religion _____ E-mail _____
 Address if different _____

Student Enrollment Information—Please Print Clearly

Students Last Name	First Name	MI	Birthdate	M/F	Gr/Fall	School	Sacraments Received to Date
							<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist
							<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist
							<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist
							<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist

*****If attending our elementary program, please indicate which program you prefer: Sunday/English or Thursday/Spanish**

Schedule of Fees by Deadlines

Before June 30th	After June 30th
<input type="checkbox"/> 1 Child.....\$50	<input type="checkbox"/> 1 Child.....\$75
<input type="checkbox"/> 2 Children.....\$100	<input type="checkbox"/> 2 Children.....\$150
<input type="checkbox"/> 3 Children.....\$130	<input type="checkbox"/> 3 Children.....\$180
<input type="checkbox"/> 4 or More.....\$150	<input type="checkbox"/> 4 or More.....\$200

Class Schedule Information

Age	Meeting Time
3 & 4 yr olds	Sunday 9:45—10:45am
Grades K—5	Sunday.....9:45—10:45am
Grades 6th, 7th, 8th	Wednesday....7:00—8:30pm
Youth Group	Wednesday....7:00—8:30pm
Confirmation	Wednesday....7:00—8:30pm
Spanish RE 1—6th	Thursday.....6:30—8:00pm
Children's Baptismal Prep	Sunday.....12:30—1:15pm

Thank you allowing us to be a part of your family's faith journey.

OFFICE USE ONLY

Date Received: _____

Forms Received:

Registration Form

Medical Form

Fees are waived for Catechists.
1/2 fees waived for Catechist Assistants.

Registration Fees:

Catechist Waiver

Catechist Assist.

	\$ Total Fees Owed
	\$ Amount Paid
	\$ Balance Due

Cash

Check #: _____

Archdiocese of Portland

St. Patrick Catholic Church

Student/Youth Emergency Information Procedure Form

2019—2020

Youth Last Name _____

Youth First Name _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

School Attending _____ Grade Level _____

Parent(s)/Guardian(s) _____

Person with whom youth is living _____

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish to take.)

No. _____ Contact _____ Day Phone _____ Other Phone _____

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No. _____ Take Youth to Nearest Emergency Hospital _____

Medical History/Information

Date of Birth _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Current medication (state name, dosage, reason, time, and physician) _____

Please indicate any disabilities _____

Name of Medical Insurance Co. _____

Family Physician _____ Phone _____

Group or ID Number _____

**Do you give permission to St. Patrick to take photos and/or videos of your child listed above?
Posted photos will not list identifying information about your child.**

Yes

No (Please email a photo of the child to jpatershall@canby.com, haguilar@canby.com or fparker@canby.com to ensure he/she is omitted).

I authorize the Archdiocese of Portland and its representative to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____

Date _____