

**2019-2020 STUDENT REGISTRATION**  
**St. Patrick Parish Faith Formation Program**

Family Last Name: \_\_\_\_\_  
 Primary Email: \_\_\_\_\_  
 Attended Faith Formation in 2018-2019 ( ) Yes ( ) No

\*\*\* Sessions are subject to the availability of volunteer Catechists & Aides. Please consider volunteering. \*\*\*

Grade Sept 2019	Child's Name	Gender M/F	Date of Birth	Session 1 <sup>st</sup> choice	Session 2 <sup>nd</sup> choice	Baptism Date/Place	First Communion Date/Place	Choice Code	Session Times
								<b>Grades K-6</b>	
								M1	Monday 4:30 to 5:45p
								M2	Monday 6:30 to 7:45p
								W1	Wednesday, 4:30 to 5:45p
								W2	Wednesday 6:30 to 7:45p
								SpEd	Wednesday 4:30 to 5:30p
								<b>Junior High Formation</b>	
								JH	Sunday's 6:15-7:45p
								School:	_____

**Contact/Emergency Information (please print):**

_____ Mother's Name	_____ Father's Name	_____ Emergency Contact (other than parent) & Relationship
_____ Best number to be reached	_____ Best number to be reached	_____ Best number to be reached
_____ Street Address	_____ Street Address	Child(ren) lives with: ( ) Both Parents ( ) Other ( ) Father ( ) Mother
_____ City/Zip	_____ City Zip	Provide additional address if necessary: _____ _____
_____ Mother' Email	_____ Father's Email	_____
_____ Mother's Religion	_____ Father's Religion	Family Status: ( ) Married ( ) Single Parent ( ) Separated ( ) Divorced ( ) Remarried

**Photo Release:** You have my permission to use photos that contain my children's likeness for the St. Patrick website, bulletins, event flyers, etc. I understand that no identifying information will be posted with the photo (i.e. name, address, etc.) ( ) YES ( ) NO

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_