



St. Patrick
Roman Catholic Church
Faith Formation Program
2018-2019
Student Registration

Family Last Name: _____

Registered Member of the Parish:
 _____ YES _____ NO

If NO, Parish of Membership:

Program Fees for Parish Members: Grades 1-9 \$60 per Student --- \$180 Family Limit
Fees for Non-Parish Members: Additional \$25 per student
Program Fees Waived for Catechists
Sacramental Preparation Fees:
 First Reconciliation/First Communion: \$20 per student
 Confirmation Year 2: \$40 per student
No need to send in any program fees with your registration form! Families will receive an invoice in September.

Student Information

If your child was not baptized at St. Patrick, you will need to provide a copy of his or her baptismal certificate, if one is not already on file.

Grade in September 2018	Child's Full Name	Gender M or F	Date of Birth	Sacraments Received: YES or NO			
				Baptism	First Reconciliation	First Communion	Confirmation

Family Contact Information

If parents live in separate households, please indicate by checking the appropriate box where mailings should be sent.

Mother _____

Address: _____

City _____ Zip _____

Home Ph. _____ Cell Ph. _____

Primary Email _____

Religion _____

Father _____

Address: _____

City _____ Zip _____

Home Ph. _____ Cell Ph. _____

Primary Email _____

Religion _____

Medical Information

Physician _____

Phone _____

Clinic/Hospital Preference _____

Phone _____

Allergies, Medical Concerns, Etc.:

Learning/Behavior Information:

Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of the St. Patrick Faith Formation Program to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above mentioned facilities for medical care and treatment deemed appropriate. I will not hold St. Patrick Parish, The Diocese of Madison or any staff/volunteer liable for injuries my child(ren) may incur while participating in St. Patrick events.

Parent or Guardian Signature _____

Date _____

Emergency Contact (other than parent) _____

Phone _____

Volunteering Options

Please **circle** the way(s) that you are able to contribute to our program. You will be contacted in August 2018 regarding this. Please keep in mind that the success of our Faith Formation Program depends on our parent volunteers. Feel under qualified? Don't worry—trainings take place at the beginning and throughout the year.

You will be supported every step of the way!

Catechist (Grade ____)	Assistant Catechist (Grade ____)	Substitute Catechist (Grade ____)
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Expectations for All Programs

There is an expectation that parents will be involved by reviewing lessons, attending Mass weekly with their children, and assisting with homework assignments. As the Mystical Body of Christ, the source and summit of our Faith is the Eucharist. Without holding to the precepts of the Church, our efforts in Faith Formation lose their purpose. Thank you for all that you do!

In 1-2 sentences, please share why you are seeking Faith Formation for your family at St. Patrick.

Parent Signature _____

Date _____

Office Use Only:
Date Received: _____
Fees Due: _____