

St. Patrick Mission Catholic Church

RELIGIOUS EDUCATION REGISTRATION

Today's Date _____
mm/dd/yyyy

Emergency Phone _____

Student Last Name _____ First Name _____ Middle _____

Preferred Name (Nickname) _____ Grade _____ School _____

Gender: Male Female Date of Birth _____ Place of Birth (City/State/Country) _____
mm/dd/yyyy

Birth Parents

Father: First Name _____ Middle Name _____ Last Name _____

Mother: First Name _____ Middle Name _____ Maiden Name _____

Student Sacramental History	Yes	No	Date	Church Where Sacrament Received
Baptism (Copy of Certificate Required)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
First Confession/Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
First Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

mm/dd/yyyy

Head of Household/Parent/Guardian Information

Last Name _____ First Name _____ Middle/Maiden Name _____

Parish Registered _____ Religion _____ Marital Status _____

Email Address _____ Cell Phone _____ Work Phone _____

Spouse/Parent/Guardian Information

Last Name _____ First Name _____ Middle/Maiden Name _____

Parish Registered _____ Religion _____ Marital Status _____

Email Address _____ Cell Phone _____ Work Phone _____

Family Contact Information

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____ Home Phone _____
Unlisted Yes No

For Students Pre-K to 6th Grade

Please name individuals, 18 years of age or older, who will be responsible for picking up your child.

Name _____ Phone Number _____

Name _____ Phone Number _____