



**SAINT PATRICK'S
CATHOLIC CHURCH**

Saint Patrick's Church
P.O. Box W
Milford, PA 18337
570-296-7451

Student Registration Form: 2017-2018

Please print or type all information

Family Name: _____

Phone Number: _____ **Work Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Do you check your email daily:** _____

Father's Name _____ **Mother's Name (include maiden name):** _____

Emergency Contact: _____

I understand that we (parents) are the primary teachers of our children in the faith. I understand that my child is to participate in Mass each week and that this experience of weekly worship and fellowship is integral to their spiritual growth and well being. **I will see that my child arrives at religious education class on Sunday 9:30am. It will be my responsibility to pick them up at 10:45am.**

Date _____

Parent or Guardian Signature _____

To help offset the costs of books and supplies, please include a check for the appropriate amount. Please return registration forms by June 1, 2017

\$70 for one child

\$110 for two children

\$130 for three children

If the teacher should be aware of any special needs please list here or include a note.

Allergies _____ Learning disabilities _____

ADD _____ ADHD _____

Medical _____ Behavioral _____

Student Registration Form: 2017-2018

Student Name: _____

Birthdate: _____ School Attending: _____

Grade (as of Sept. 2017): _____ Age (as of Sept. 2017): _____ Sex: Male Female

Sacraments	Date	Church	Town and State
<i>Baptism</i>			
Penance			
First Communion			
Confirmation			

Student Name: _____

Birthdate: _____ School Attending: _____

Grade (as of Sept. 2017): _____ Age (as of Sept. 2017): _____ Sex: Male Female

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Grade (as of Sept. 2017): _____ Age (as of Sept. 2017): _____ Sex: Male Female

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Please include a copy of the Baptismal Certificate if your child was not baptized at Saint Patrick's. In grades above second grade, please also include your child's First Communion Certificate and any other religious education records from previous parishes.

FOR OFFICE USE ONLY

Date Received: _____

Check Number: _____ Amount: _____ Cash Amount: _____