SAINT PATRICK'S
CATHOLIC CHURCH

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

Student Registration Form: 2016-2017

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:_____

Relationship:_____ **Phone:**_____

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 *May 1, 2016*	**$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: 2016-2017

Student Name:_____

Birthdate:_____ School Attending:_____

Grade (as of Sept. 2016):_____ Age (as of Sept. 2016):_____ Sex: Male ☐ Female ☐

Sacraments	Date	Church	Town and State
Baptism			
Penance			
First Communion			
Confirmation			

Student Name:_____

Birthdate:_____ School Attending:_____

Grade (as of Sept. 2016):_____ Age (as of Sept. 2016):_____ 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:_____