



# *St. Patrick's Religious Education*

## New Student Registration

Date \_\_\_\_\_

Grade \_\_\_\_\_

Student Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Mailing Address

Mr./Mrs., Mrs., Ms. \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ Zip code \_\_\_\_\_

e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

first

last

School Attending \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Baptized Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_

First Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_

Parish (if other than St. Patrick) \_\_\_\_\_

Does your child have a medical condition or special needs that we need to be aware of? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there other brothers/sisters in this Religious Ed program? Yes \_\_\_\_\_ No \_\_\_\_\_

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*Office use only*

Tuition payment date \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Tuition: \$30/one child, \$40/two children, \$50/ three or more children.

2<sup>nd</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Does your child have any special needs or medical conditions? No \_\_\_\_\_

Yes (explain) \_\_\_\_\_

3<sup>rd</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Does your child have any special needs or medical conditions? No \_\_\_\_\_

Yes (explain) \_\_\_\_\_

4<sup>th</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Does your child have any special needs or medical conditions? No \_\_\_\_\_

Yes (explain) \_\_\_\_\_