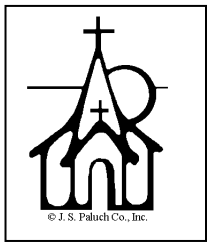
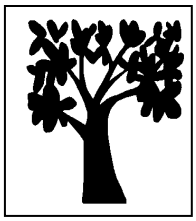


Saint Patrick Parish

Community Faith Formation

REGISTRATION 2010 - 2011



MAILING NAME_____HOME PHONE_____

ADDRESS_____
Street City Zip

E-MAIL _____

		Mark Sacraments Received:			Mark Desired Class:		
CHILD'S NAME	Grade	Baptism	First Reconciliation	First Holy Communion	Sunday CFF	Tuesday CFF	Spirit Quest

_____ _____ _____
FATHER'S NAME WORK PHONE CELL

_____ _____ _____
MOTHER'S NAME WORK PHONE CELL

(PLEASE NOTE BELOW IF THERE IS AN ADDITIONAL MAILING ADDRESS FOR YOUR FAMILY)

_____
MAILING NAME ADRESS CITY ZIP

The adult named below has permission to pick up my child from CFF/Spirit Quest class and is also the emergency contact person:

_____ _____
NAME RELATIONSHIP CELL PHONE

I, _____, parent or legal guardian of the following minor(s): _____
_____

Do hereby authorize the medical or surgical treatment which may be necessary in an emergency for the well being of the minor, in my absence. I hold St. Patrick Parish or its agents, blameless.

Signature of Parent/Guardian Date

Please list allergies or special medical conditions for each child: _____
_____

FEE: $100.00 per child
Please make checks payable to St. Patrick Church