

Church of Saint Patrick

200 East High Street

Milford, PA 18337

Student Registration Form: 2025-2026

(908) 451.1206 jackb18337@gmail.com

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: _____

PHOTO/VIDEO CONSENT

I do/do not (underline one), authorize St. Patrick's to publish any photograph or video in which the above named student appears while participating in any program associated with the Children's Faith Formation Ministry.

Date

Parent or Guardian Signature

To help offset program expenses, please
enclose check for indicated fee, payable to:
St. Patrick's Church
200 E. High Street
Milford, PA 18337

\$50 for one child
\$90 for two children
\$120 for three children
Check enclosed

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

Allergies: _____ Learning disabilities: _____

ADD: _____ ADHD: _____

OTHER _____

Student Name: _____

Birth date: _____ **School Attending:** _____

Grade (as of Sept. 2025) : _____ **Age (as of Sept. 2025)** _____ **Sex:** [☐] Male [☐] Female

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

Student Name: _____

Birth date: _____ **School Attending:** _____

Grade (as of Sept. 2025): _____ **Age (as of Sept. 2025)** _____ **Sex:** [☐] Male [☐] Female

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

Student Name: _____

Birth date: _____ **School Attending:** _____

Grade (as of Sept. 2025): _____ **Age (as of Sept. 2025)** _____ **Sex:** [☐] Male [☐] Female

Sacraments	Date	Church	Town and State
Baptism			
Penance			
First Communion			
Confirmation			

Please Include copy of 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: _____

Corner of 4th East High Streets, Milford PA 18337-Phone: 908.451.1206 – www.saintpatricksmilford.com