

**RELIGIOUS EDUCATION REGISTRATION  
Saint Patrick Church**

Please check program you are registering for:

Kindergarten & First Grade       First Communion       Post Communion       Confirmation

What parish do you belong to? \_\_\_\_\_

Does your family attend Mass on a weekly basis?       Yes       No

Attendance at Sunday and Holy Day Masses is required.

PLEASE NOTE: If you are registered in a parish other than Saint Patrick you must provide a letter of permission from your pastor to participate in our Religious Education Program.

**NO STUDENT WILL BE REGISTERED WITHOUT THIS SIGNED PERMISSION.**

Registration and book fee is due at time of registration. \$30 per student or \$75 for three or more siblings.  
You may see your pastor or Maria Batista (401-301-8685) to discuss any special circumstances.

**PLEASE PRINT CLEARLY - ALL INFORMATION MUST BE COMPLETED BEFORE REGISTRATION IS ACCEPTED**  
**STUDENT INFORMATION**

Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of birth (Donde nacio?) \_\_\_\_\_

School: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

Baptism - Date: \_\_\_\_\_ Church: \_\_\_\_\_  
NAME CITY - STATE - COUNTRY

First Communion - Date: \_\_\_\_\_ Church: \_\_\_\_\_  
NAME g CITY - STATE - COUNTRY

**Baptism Certificate is required for First Communion. Baptism and sponsor Certificates are required for Confirmation.**

Does your child have special needs or need special accommodations? Please explain \_\_\_\_\_

**Parent Information:**

Father's Name \_\_\_\_\_  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First Middle Maiden (apellido de soltera)

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact (other than parent)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Mother/Father/Guardian \_\_\_\_\_

**REGISTRATION DEADLINE September 5<sup>th</sup>, 2021**

**OFFICE USE ONLY:**

Commitment paper signed: \_\_\_\_\_ Registration Paid \_\_\_\_\_  
Amount Cash Check Check Number

If family registration - additional children: \_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recorded: \_\_\_\_\_