

## St. Patrick's Religious Education 2017-2018 Family Registration

FAMILY LAST NAME \_\_\_\_\_ Primary Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you check email at least once a week? Yes \_\_\_\_ No \_\_\_\_

ADDRESS \_\_\_\_\_

Mailing Address

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

Work or Cell Phone (Please Circle)

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

Work or Cell Phone (Please Circle)

Preferred Method of Contact: Phone \_\_\_\_; Email \_\_\_\_; Text Message \_\_\_\_

Emergency Contact:

**Please list someone other than parents** as we will only use this number if we are unable to contact a parent.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### STUDENT INFORMATION

**PLEASE PRINT!** \_\_\_\_\_ Sacraments Received:

Baptism Confession Eucharist

NAME	Birthday	Grade	B	C	E

Pictures of my child/children may be taken for PSR Activities. Circle: Yes No

My child/children may attend the Personal Safety Class given by

PSR. Circle: Yes No

My 2nd grade child may practice with wine for First Communion. Circle: Yes No

Signature of Parent or Guardian \_\_\_\_\_