

St. Patrick's Religious Education 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 3rd grade child may practice with wine for First Communion. Circle: Yes No

Signature of Parent or Guardian _____