

St. Patrick Church K-8 Religious Education Program Registration Form 2023-2024



Student Information

Child's Name: (first, middle, last) _____

Sacraments Received:

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____
Grade of Child: K 1 2 3 4 5 6 7 8
Grade for Religious Education: _____
Sex: M F
Ethnic Background _____

Child's Name: (first, middle, last) _____

Sacraments Received:

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

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Grade of Child: K 1 2 3 4 5 6 7 8
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- Baptism Where? _____
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Grade of Child: K 1 2 3 4 5 6 7 8
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Sex: M F
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Child's Name: (first, middle, last) _____

Sacraments Received:

- Baptism Where? _____
- Reconciliation (Confession)
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Date of Birth: ____/____/____
Grade of Child: K 1 2 3 4 5 6 7 8
Grade for Religious Education: _____
Sex: M F
Ethnic Background _____

Are you Registered Parishioners of St. Patrick Church? Yes No

Does anyone else in your family wish to receive sacraments?

If so, who and which sacrament(s)? _____

Age of person? _____

Family Information

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Legal Guardian: _____

Mailing Address:

Name: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Medical / Emergency Information

Name of Child #1 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Child #2 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Child #3 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Child #4 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Physician: _____

Phone: _____

Address: _____

Medical Insurance Company: _____

Insurance Number: _____

Other contact in case of an emergency:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Medical Release

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Sarah Campbell, Coordinator of Religious Education, or appropriate staff member, it seems necessary for immediate medical examination and/or treatment of my (our) child, such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis / treatment and for medication deemed necessary.

Dates for which this release is intended: September 10, 2022~ April 20, 2023.

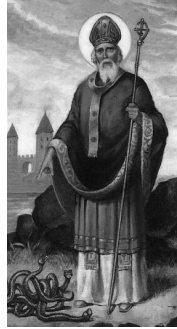
Parent/Guardian Signature: _____ Date: _____

Tuition Information:

\$125 One Child _____

\$140 Two Children _____

\$155 Three or more Children _____



“If I have any worth,
it is to live my life for God
so as to teach these peoples.”
St. Patrick

Paid \$_____ Balance due \$_____

IF YOU HAVE **ONLY** A 7TH OR 8TH GRADER, THE COST IS \$70 FOR 1 CHILD OR \$85 FOR 2 CHILDREN OF THAT AGE.

E-mail Addresses:

Parents please provide us with your e-mail address(es) so as to more easily communicate with you. This is very helpful. Thank you.

To Parents of 2nd graders:

You will be receiving information regarding your child's preparation for the Sacraments of First Reconciliation and First Holy Communion. We look forward to these celebrations with you and your child this year.

To Parents of 7th & 8th graders:

This year is not a Confirmation year. However, our 7th graders will be preparing to receive this sacrament next year, and our 8th graders will explore what it means to live out their faith as a Confirmed Catholic.

To all Parents:

Please do not hesitate to contact me with questions, concerns or comments at 815-564-0567 or e-mail me at scampbell7g@gmail.com. I look forward to working with each one of you as we strive to assist the children in understanding their faith and loving our God!

Sarah Campbell, Coordinator of Religious Education

Christ with me, Christ before me, Christ behind me,
Christ in me, Christ beneath me, Christ above me,
Christ on my right, Christ on my left,
Christ when I lie down, Christ when I sit down, Christ when I arise,
Christ in the heart of every man who thinks of me,
Christ in the mouth of everyone who speaks of me,
Christ in every eye that sees me,
Christ in every ear that hears me

PHOTO PERMISSION SLIP

From time to time we take pictures during St. Patrick Religious Education activities. We would like your permission to use these pictures...

- _____ on the parish or school website,
- _____ on the parish or school's official Facebook page,
- _____ in the parish or school newsletter,
- _____ on the parish or school bulletin boards,
- _____ in the parish bulletin,
- _____ in The Observer/El Observador

Pictures are selected to highlight activities at our parish/school.

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant permission to use photos of my child **in the ways I've indicated above with an X.**

-OR

_____ NO. Please do **NOT** take or use **any** photos of my child.

If I marked an X next to The Observer/El Observador, the official newspapers of the Diocese of Rockford, I also give permission for my child's name to be identified as being in the photo.

If I marked an X next to any of the others (on the parish or school website, on the parish or school official Facebook page, in the parish or school newsletter, on the parish or school bulletin boards, in the parish bulletin, or other) I understand my child's name will not be used.

Child(ren)'s Name(s) (PLEASE PRINT):
