

Catholic Community of St. Patrick
2011-2012 Religious Education & Sacrament Inquiry

*Use this form if you are registered in the parish.
 If you are new to the parish complete the Parish Registration form first.*

Office use: Amount Due: _____ Paid: _____ Check #: _____ Balance: _____
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Family Name: _____ **Envelope No.:** _____

Responsible adult (Mother): _____

Responsible adult (Father): _____

Preferred Email: _____ **Preferred phone #:** _____

Children live with (required) **Mother&Father** **Mother** **Father** **Other:** _____

Name of student for the Religious Ed or Sacramental Program	Grade in 2011-2012	Special comments about child	Date/Place Baptized	Inquiring about 1 st Eucharist	Inquiring about Confirmation
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

You will complete and sign the following on the first day of class

I consent to my child participating in Religious Education and/or Sacramental Programs. As primary catechist for my child, I accept responsibility for attending the required parent retreats and parent and family meetings to learn how to better prepare my child, and helping in whatever capacity I can. I accept responsibility for my child's attendance and behavior, and for completing the necessary assignments to prepare for and receive the sacraments during this catechetical year.

Parent's Signature: _____ **Date:** _____

EMERGENCY/MEDICAL INFORMATION

Emergency contact: _____ **Phone #:** (____) _____

Doctor: _____ **Phone #:** (____) _____

For each member attending, please provide any important medical information including allergies:

In the event of a medical emergency and if you are not in attendance, the child will be taken to the nearest medical facility. I authorize any representative of St. Patrick Catholic Church to seek medical treatment for my child.

Parent's Signature: _____ **Date:** _____