

St. Patrick Roman Catholic Parish

St. Patrick Church - St. Michael Mission

P. O. Box 164 Bisbee, AZ 85603

Registration for Religious Education Class

2016 - 2017

Student

Last Name

First Name

School attending this year:

Birth information

Grade

Date of Birth

City

State

RECORD OF SACRAMENTS RECEIVED

If student was not baptised at St. Patrick/St. Michael, present both birth and baptismal certificates at time of original registration.

	Date	Parish	City, State
Baptism			
First Penance			
First Holy Communion			
Confirmation			

Student special needs:

Allergies _____

Special education needs _____ Other _____

Parents / Guardian:

Father

Last Name

First Name

Mother

Last Name - CURRENT USE

First Name

Maiden Name

LEGAL GUARDIAN
if other than Parent

Last Name

First Name

Relationship to child

Mailing Address

Street address

City, State

ZIP code

Residence Address

Street address

City, State

ZIP code

Telephone

Home

Cell

Work

Other

E mail address

PLEASE PRINT CLEARLY

EMERGENCY CONTACT

Name

Telephone

IF APPLICABLE: Person(s) NOT PERMITTED to pick up this child:

Registration fee: \$25 single child / \$40 more than one child

Activity fee: \$10 per child

DATE

AMOUNT PAID

Parent / Guardian Signature

Date