

**St. Patrick Roman Catholic Parish**  
**St. Patrick Church - St. Michael Mission**  
P.O. Box 164 Bisbee, AZ 85603  
Registration for Religious Education Class

**2019- 2020**

<b>Student</b> _____	School attending this year: _____
Last Name                      First Name	
<b>Birth Information</b> _____	Grade _____
Date of Birth                      City                      State	

<b>RECORD OF SACRAMENTS RECEIVED</b>			
If student was not baptized at St. Patrick/St. Michael, present both birth and baptismal certificates at time of original registration.			
	Date	Parish	City, State
<b>Baptism</b>			
<b>First Penance</b>			
<b>First Holy Communion</b>			
<b>Confirmation</b>			

**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 or P O Box                      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:**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

<b>Registration Fee:</b> \$25 single child / \$40 more than one child
<b>Activity Fee:</b> \$10 per child
<b>DATE</b> <b>AMOUNT PAID</b>
_____
_____