



PLEASE PRINT NEATLY

DATE Registered: _____

Parents' Names: _____

Child's last name if different: _____

Address: _____

City: _____ Zip Code: _____

Mother's Phone Number: _____

Mother's E-Mail: _____

Father's Phone Number: _____

Father's E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

List ALL Children you are enrolling in Religious Education Program

CHECK SACRAMENTS ALREADY RECEIVED

Name	Grade	Baptism	1 st Reconciliation	1 st Communion	Birthday	Allergies

_____ My child/children attended religious education classes last year at Saint Patrick's

_____ My child/children attended last year at _____ Parish.

_____ My child/children did not enroll in religious education classes last year.

REGISTRATION FEES: 1 child- \$50, 2 children-\$80, 3 or more children-\$100

Payment Receipt (Date): _____

**WE ARE INCREDIBLY GRATEFUL FOR VOLUNTEERS WILLING TO ASSIST WITH THE
RELIGIOUS EDUCATION PROGRAM**

Please indicate if you will consider working with us in one of the following ways:

1st through 5th Grade: Classroom Helper, Substitute Teacher

Middle School and High School Program: Classroom Helper, Substitute Teacher, Chaperone

RELIGIOUS EDUCATION PARENT AGREEMENT

I, the parent of (or the adult responsible for) the student(s) in Religious Education at Saint Patrick's, am aware and will support that:

1. My child/ren will attend Mass on Sundays and other Holy Days of Obligation
2. My child/ren will come prepared and ready to learn
3. My child/ren are to miss no more than three classes during the year. If I anticipate a fourth absence occurring, I will discuss the absence with the Priest.
4. My child/ren may have homework such as memorizing prayers.
5. I recognize that I (the parent) am the primary educator of our Catholic Faith.

Parent Signature: _____

PLEASE COMPLETE IF PREPARING FOR FIRST COMMUNION OR CONFIRMATION

Last Name First Name Middle Name

Birthplace City Birthplace State Date of Birth

Church of Baptism City State

Date of Baptism

Father's FULL Name: _____

Mother's FULL Name (include MAIDEN): _____

God Parent's Names: _____

**PLEASE ATTACH COPY OF BAPTISM CERTIFICATE OR MAIL COPY TO:
SAINT PATRICK'S CATHOLIC CHURCH, 401 Mansion Street, Mauston, WI 53948**