



**Catholic Church and School
Mauston, Wisconsin**

PLEASE PRINT NEATLY

DATE Registered _____

Parents' Names: _____

Child's last name if different _____

Address: _____

City _____ Zip Code: _____ Mom's Phone: _____

E-mail: _____ Dad's Phone: _____

Emergency Contact *if above cannot be reached*: _____ Phone _____

List ALL Children you are enrolling in Religious Education Program

PLEASE CHECK SACRAMENTS ALREADY RECEIVED

Name	Grade	Baptism	1 st Reconciliation	1 st Communion	Birthday	Allergies

My child/children were enrolled in religious education classes last year at Saint Patrick's _____

My child/children were enrolled last year at _____ Parish.

My child/children were not enrolled in religious education classes last year. _____

REGISTRATION FEES: 1st through Confirmation I: \$50 / Confirmation II \$65 Paid: _____

**VOLUNTEERS ARE ALWAYS WELCOMED FOR THE
RELIGIOUS EDUCATION DEPARTMENT**

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

1st through 5th grade: **Helper In Classroom, Substitute Teacher**

Middle School and High School Program: **Helper In Classroom, CHAPERONE, Substitute Teacher**

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 Sunday's 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 the fourth absence needs to occur 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 II

Last	First	Middle
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Birthplace City	State	Date of Birth
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Church of Baptism	City	State	Date of Baptism
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Father's FULL name

Mother's FULL name (include MAIDEN)

God Parent's Names