



# St. Patrick

## K-5<sup>th</sup> Grade Faith Formation

### Registration 2016-2017

*FEE: \$100.00 per child. Please make checks payable to St. Patrick Church.*

*Registration due on or before September 4, 2016*

FAMILY NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

E-MAIL(s) \_\_\_\_\_

|              |       | Mark Sacrament Received with a √ |                      |                      | Mark Desired Class with a √ |                     |
|--------------|-------|----------------------------------|----------------------|----------------------|-----------------------------|---------------------|
| CHILD'S NAME | Grade | Baptism                          | First Reconciliation | First Holy Communion | Sunday (9:15-10:30)         | Tuesday (4:00-5:15) |
|              |       |                                  |                      |                      |                             |                     |
|              |       |                                  |                      |                      |                             |                     |
|              |       |                                  |                      |                      |                             |                     |
|              |       |                                  |                      |                      |                             |                     |

\_\_\_\_\_ FATHER'S NAME

\_\_\_\_\_ WORK PHONE

\_\_\_\_\_ CELL

\_\_\_\_\_ MOTHER'S NAME

\_\_\_\_\_ WORK PHONE

\_\_\_\_\_ CELL

*Our K-5<sup>th</sup> grade faith formation program is offered for registered parishioners only.  
Please register as a parishioner BEFORE submitting this form by calling the rectory at 415-924-0600.  
Thank you.*

Authorized Pick-Up:

The adult named below has permission to pick up my child from K-5<sup>th</sup> grade faith formation class and is also the emergency contact person:

| NAME | RELATIONSHIP | CELL PHONE |
|------|--------------|------------|
|------|--------------|------------|

In Case of an Emergency:

I, \_\_\_\_\_, parent or legal guardian of the following minor(s): \_\_\_\_\_

do hereby authorize the medical or surgical treatment which may be necessary in an emergency for the well being of the minor, in my absence. I hold St. Patrick Parish or its agents, blameless.

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

\_\_\_\_\_  
Date

Allergies:

Please list allergies or special medical conditions for each child registered: