

St. Patrick's Catholic Church, Angels Camp

Faith Formation 2024-25

Family Registration Fee Schedule
 (fees help defray the cost of textbooks and supplies)

	Before 8/31/24	After 8/31/24
1 Child	\$40	\$60
2 Children	\$75	\$95
3 or more children	\$90	\$110

Additional Tuition (for 2nd year Confirmation)

2nd Year Confirmation +\$60 (covers the Confirmation Retreat)

Parent Signature: _____

Date: _____

*Note: The Director of Religious Education is paid by the Parish.

Family Last Name: _____

Mother's Name: _____ **Cell Number:** _____

Father's Name: _____ **Cell Number:** _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

May we contact you via Flocknote for updates? YES NO

Student #1 Name: _____ **Age:** _____

Gender M F (please circle) Catholic Y N (please circle)

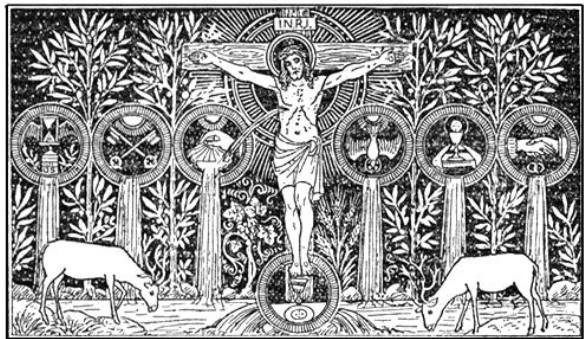
Grade: _____ Special Needs (medical, learning, physical, etc.) _____

Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Received First Reconciliation? Y N (please circle)

Received First Holy Communion? Y N (please circle)



Student #2 Name: _____ **Age:** _____

Gender M F (please circle) Catholic Y N (please circle)

Grade: _____ Special Needs (Medical, learning, physical, etc.) _____

Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Received First Reconciliation? Y N (please circle)

Received First Holy Communion? Y N (please circle)

Student #3 Name: _____ **Age:** _____

Gender M F (please circle) Catholic Y N (please circle)

Grade: _____ Special Needs (Medical, learning, physical, etc.) _____

Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Received First Reconciliation? Y N (please circle)

Received First Holy Communion? Y N (please circle)

Student #4 Name: _____ **Age:** _____

Gender M F (please circle) Catholic Y N (please circle)

Grade: _____ Special Needs (Medical, learning, physical, etc.) _____

Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Received First Reconciliation? Y N (please circle)

Received First Holy Communion? Y N (please circle)

Student #5 Name: _____ **Age:** _____

Gender M F (please circle) Catholic Y N (please circle)

Grade: _____ Special Needs (Medical, learning, physical, etc.) _____

Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Received First Reconciliation? Y N (please circle)

Received First Holy Communion? Y N (please circle)

Photo Release Form

Please be advised that your child may be photographed or videotaped at various church-sponsored activities. Please sign and return this form and let us know your preferences for letting your child's photo and/or image appear on our church website, Facebook, and Instagram accounts. Children's names will not be used.

Please sign and return this form.

_____ **Yes**, I give permission for my child's photograph and/or video to be posted on St. Patrick's Church website, Facebook, or Instagram pages.

_____ **No**, my child's photograph and/or video may not be posted on St. Patrick's Church website, Facebook, or Instagram pages.

(Parent Signature)

(Date)

Photo Release Form

Please be advised that your child may be photographed or videotaped at various church-sponsored activities. Please sign and return this form and let us know your preferences for letting your child's photo and/or image appear on our church website, Facebook, and Instagram accounts. Children's names will not be used.

Please sign and return this form.

_____ **Yes**, I give permission for my child's photograph and/or video to be posted on St. Patrick's Church website, Facebook, or Instagram pages.

_____ **No**, my child's photograph and/or video may not be posted on St. Patrick's Church website, Facebook, or Instagram pages.

(Parent Signature)

(Date)