

# Family of Faith Registration 2023-2024

Family Last Name \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_

*Please list the contact information above with which we will have the most success in reaching you*

Home Phone# \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Student #1 Name \_\_\_\_\_

Gender M F (please circle)

Grade \_\_\_\_\_

Catholic Y N (please circle)

Special Needs (Medical, learning, physical, etc.)  
\_\_\_\_\_

Student #2 Name \_\_\_\_\_

Gender M F (please circle)

Grade \_\_\_\_\_

Catholic Y N (please circle)

Special Needs (Medical, learning, physical, etc.)  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Family Registration Fee Schedule

	Due Before 1st Day	On 1st Day or After
1 Child	\$40	\$60
2 Children	\$75	\$95
3 or more children	\$90	\$110

**Additional Tuition** for Sacramental Preparation classes:

- 1st Holy Communion +\$20
- 2nd Year Confirmation +\$60

*Please check box and add amount to tuition, if applicable*

## Student #1 Sacraments Celebrated

Baptism Date \_\_\_\_\_

Church \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_

Church \_\_\_\_\_

First Eucharist Date \_\_\_\_\_

Church \_\_\_\_\_

## Student #2 Sacraments Celebrated

Baptism Date \_\_\_\_\_

Church \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_

Church \_\_\_\_\_

First Eucharist Date \_\_\_\_\_

Church \_\_\_\_\_

*Please provide copies of certificates for each sacrament celebrated for each student.*



*Note: If any of your children are preparing to receive First Holy Communion or Confirmation in the 2022-23 year, please turn in a separate Sacramental Preparation Form in addition to this form. Thank you.*

# Family of Faith Registration 2023-2024

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**Student #3 Name** \_\_\_\_\_

Gender    M    F    (please circle)

Grade \_\_\_\_\_

Catholic    Y    N    (please circle)

Special Needs (Medical, learning, physical, etc.)  
\_\_\_\_\_

**Student #3 Sacraments Celebrated**

Baptism Date \_\_\_\_\_

Church \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_

Church \_\_\_\_\_

First Eucharist Date \_\_\_\_\_

Church \_\_\_\_\_

**Student #4 Name** \_\_\_\_\_

Gender    M    F    (please circle)

Grade \_\_\_\_\_

Catholic    Y    N    (please circle)

Special Needs (Medical, learning, physical, etc.)  
\_\_\_\_\_

**Student #4 Sacraments Celebrated**

Baptism Date \_\_\_\_\_

Church \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_

Church \_\_\_\_\_

First Eucharist Date \_\_\_\_\_

Church \_\_\_\_\_

**Student #5 Name** \_\_\_\_\_

Gender    M    F    (please circle)

Grade \_\_\_\_\_

Catholic    Y    N    (please circle)

Special Needs (Medical, learning, physical, etc.)  
\_\_\_\_\_

**Student #5 Sacraments Celebrated**

Baptism Date \_\_\_\_\_

Church \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_

Church \_\_\_\_\_

First Eucharist Date \_\_\_\_\_

Church \_\_\_\_\_



*Please provide copies of certificates for each sacrament celebrated for each student.*

# 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.

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(Parent Signature)

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(Date)

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(Student's First and Last Name)