



St. Patrick Church Religious Education Registration Form 2023-2024

****Please carefully read and sign photo release****



FAMILY LAST NAME _____ **PARENT'S FIRST NAMES** _____

Mailing Address _____
Street City State Zip

Primary Phone Number _____
Note: This number will be used as a first point of contact

Family Email Address _____
Please print clearly @ _____

FATHER'S INFORMATION

Address _____
(if different from above)

Religion _____

Work Phone _____

Cell Phone _____

Email Address _____

EMERGENCY CONTACT NAME: _____

MOTHER'S INFORMATION

Address _____
(if different from above)

Religion _____

Work Phone _____

Cell Phone _____

Email Address _____

EMERGENCY CONTACT PHONE: _____

Student Information:

➤ Child #1
FIRST NAME _____ LAST NAME _____
☐ M ☐ F SPECIAL NEEDS* ☐ Y ☐ N DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____

School Attending _____ Grade Level in Fall, 2023 _____

**Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.*

Please circle the program requested for this child: Sunday FF or Family FF *(for additional children, use next page)*

Photography Release

During the year, we would like your permission to use pictures that may be taken during class in the following ways: on the parish website, on the parish official Facebook page, on the parish bulletin boards, in the parish bulletin, and in The Observer/El Observador (Newspaper of Diocese of Rockford). *Please check which preference applies.*

____ Yes, I grant permission to use the photos in these ways.

____ No, please do NOT take or use any photos of my child.

____ Yes, my child/children's names can be used with pictures.

____ No, please do NOT use my child/children's name with pictures

Parent name (printed): _____

Parent signature: _____



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STUDENT INFORMATION (continued)

➤ Child #2

FIRST NAME _____ LAST NAME _____

☐ M ☐ F SPECIAL NEEDS * ☐ Y ☐ N DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____

School Attending _____ Grade Level in Fall, 2023 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: Sunday FF or Family FF

➤ Child #3

FIRST NAME _____ LAST NAME _____

☐ M ☐ F SPECIAL NEEDS * ☐ Y ☐ N DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____

School Attending _____ Grade Level in Fall, 2023 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: Sunday FF or Family FF

➤ Child #4

FIRST NAME _____ LAST NAME _____

☐ M ☐ F SPECIAL NEEDS * ☐ Y ☐ N DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____

School Attending _____ Grade Level in Fall, 2023 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: Sunday FF or Family FF

Our family would request daycare during Family Faith Formation. Please include the child(ren)'s name and age below.

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

*Please fill out the Medical Release Form any physical, emotional or learning needs that affect your child's experience.