



St. Patrick Catholic Church
Faith Formation Registration
School Year 2021 - 2022



Family Last Name: _____ **Address:** _____
Street City, State Zip

Are you registered members of St. Patrick Church: Yes No **Home Phone** _____

Parents Full Name:	Religion	Cell Phone:	Email Address
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____

Please list below names of all children being enrolled in grades Pre-K* – 8th grade.

Indicate Sacraments your child **has received**

Student First & Last Name	Birthdate	Grade in Fall 2021	Baptism	Reconciliation	Eucharist	Confirmation
_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	Yes No	Yes No	Yes No	Yes No

Parents: Are you interested in serving as a: Catechist **Yes No** Grade Level? _____ On-Call Substitute: **Yes No**

* Pre-K class size dependent

** All adults working with children are required to attend Safe Environment training, including a background check.

(over)



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✚ Does your child(ren) have any food allergies or learning disabilities?

✚ I give permission for my Child(ren) to participate in 1 or 2 sessions of ***Circle of Grace***, the child safety program mandated by the Diocese of Nashville. Parents will be provided an overview of the program prior to the session.

Parent/Legal Guardian

Date

✚ I give my permission for my child(ren) pictures to be posted online/website/and or in the bulletin.

Parent/Legal Guardian

Date

Registration Fee is waived for the 21-22 School Year

.....Office Use Only.....
Baptismal Certificate on file: Yes___ No___