



St. Patrick Church Religious Education Office
Family Registration Form 2017-2018

* Please be sure to print clearly.

Family Name _____ **Date** _____
Address _____ **Town** _____
Home Phone Number _____ **Zip Code** _____
Parent's Cell Phone # _____ **Emergency** _____
E-mail Address _____

In the spaces below, please list all of the children in your family, who will attend classes in September 2017 and check off the location your children will attend classes.

- Classes for Preschool, Kindergarten, during the 11:30 Mass on Sundays.
- Gr. 1 (S1) 11:30 Mass on Sundays and will be incorporated into the Liturgy of the Word for Children.
- Gr. 2, (S2) 9:30 Mass on Sundays, and will be incorporated into the Liturgy of the Word for Children.
- Grades 3, 4, 5, 6, 7, 8 will be held on Monday evenings from 6:00-7:00 p.m. at Irving A. Robbins School. **Parents Teaching At Home, PTAH**, is available to families for children who cannot attend classes on Monday evenings at IAR.
- All Sacrament of Confirmation classes for Gr. 9 & 10 will be held in the Church at a time/day TBD.

<u>Children's Names</u>	<u>Grade</u>	<u>IAR</u>	<u>Church</u>	<u>PTAH</u>

Do your children have special needs or life-threatening allergies? (Please explain)

REGISTRATION FEES

\$ 75.00 PER CHILD. *Catechists and Gr. 11 no charge.*

If you are experiencing financial hardship for the family, please contact Eileen Dignazio at 860-676-0253 or eileen@stpatsfarm.org. All information will be kept confidential.

Date of Payment _____	Amount of Payment _____
Cash _____	Check # _____ Bank: _____

Please make checks payable to St. Patrick Church, (R.E. Fees in memo area of check), and mail them to St. Patrick Church; Attn: Religious Education Office, P.O. Box 523, Farmington, CT. 06034-0523.

**ST. PATRICK RELIGIOUS EDUCATION
NEW STUDENT INFORMATION FORM 2017-2018**

NEW STUDENTS: PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Individual New to the program: Student Registration Forms must be completed.
2. Baptismal /Reconciliation/First Communion Certificates should be presented at the time of registration, if your child received the sacraments in a parish other than St. Patrick Church, Farmington.

Student Name _____ Date _____ Grade _____
Family Last Name _____ (If different from children.)
Male _____ Female _____ D.O.B. _____ Birthplace _____
Father's Name _____ Religion _____ Occupation _____
Mother's Name _____ Religion _____ Occupation _____
Address _____ Town _____ Zip _____
Phone (H) _____ Cell # _____ Cell # _____
E-mail _____

Child lives with: (both parents) _____ (mother) _____ (specify other) _____

Parents: Married _____ Single _____ Widowed _____ Deceased _____ Divorced _____

* If parents are separated or divorced, and both parents wish to be informed of upcoming events, Please give us the information needed and we will be happy to do so.

Address: _____ Email: _____

Phone # _____ Cell # _____

In Case Of Emergency Contact (If parents not available):

Name _____ Phone # _____

Cell # _____ E-mail _____

Special Medical Concerns/ Allergies: _____

Doctor _____ Phone _____

SACRAMENTAL INFORMATION

Baptism (Parish) _____ City/State _____

Mo. _____ Day _____ Year _____ Certificate _____

First Reconciliation (Parish) _____ City/State _____

Mo. _____ Day _____ Year _____ Certificate _____

First Communion (Parish) _____ City/State _____

Mo. _____ Day _____ Year _____ Certificate _____

* If your child has special educational needs, please explain below. We will attempt to adapt the program as prescribed for each child's educational needs.



**Parent Volunteer Form
2017-2018**

Please fill in any talents or gifts that you have to assist in the religious education program (CCD) for the upcoming year. Thank you.

Catechist: Catechists are needed for GIFT session once a month, and also for bi-monthly classes that meet at Irving A. Robbins School on Mondays from 6:00-7:00 p.m.

Grade _____ GIFT Catechist _____ Irving A. Robbins _____
Name: _____ Cell: _____

Email Address: _____

Hallway Monitor: Needed for classes that are held at Irving A. Robbins School.

Name _____ Cell: _____

Email Address: _____

Family Activities: Please check off the area in which you would like to help.

_____ Assemble GIFT Family Bags

_____ Living Nativity _____ Advent Wreath Workshop _____ Good Friday Faith Walk

_____ Easter Egg Hunt _____ Reception for First Reconciliation (S 1)

_____ Reception for Confirmation (Gr.10) _____ Computer Data Entry

_____ Updating Files _____ Logging in Service Projects for Gr. 7, 8, 9, 10

_____ Baking for Events _____ May Crowning _____ Ice Cream Social

_____ Sewing, Making Costumes for Living Nativity & Good Friday Faith Walk

_____ Liturgy of the Word for Children _____ 9:30 Mass _____ 11:30 Mass

Name _____ Cell: _____

Email Address: _____