

St. Patrick Religious Education Registration

2009-2010

Head of Household

Address _____
 City, State, Zip _____
 Mother's Name (First, Last, Maiden) _____
 Father's Name (First, Last) _____
 Mother's Religion _____ Father's Religion _____
 Are the mother & father currently (*please circle one*) Married Separated Divorced
 Name of Guardian (if applicable) _____
 Other address where correspondence should be mailed. (Joint custody, guardian, second mailing address)
 Address _____ City, State, Zip _____

Home Phone

Mother _____ Father _____ Guardian _____
 Cell _____ cell _____ cell _____

Student(s) Records

1) Child's full name on birth certificate _____
 Birth date _____ Gender _____ Grade _____ School _____
 Sacraments received (circle all that apply) Baptism First Eucharist Confirmation
 Name of church where sacraments were celebrated _____

2) Child's full name on birth certificate _____
 Birth date _____ Gender _____ Grade _____ School _____
 Sacraments received (circle all that apply) Baptism First Eucharist Confirmation
 Name of church where sacraments were celebrated _____

3) Child's full name on birth certificate _____
 Birth date _____ Gender _____ Grade _____ School _____
 Sacraments received (circle all that apply) Baptism First Eucharist Confirmation
 Name of church where sacraments were celebrated _____

4) Child's full name on birth certificate _____
 Birth date _____ Gender _____ Grade _____ School _____
 Sacraments received (circle all that apply) Baptism First Eucharist Confirmation
 Name of church where sacraments were celebrated _____

*** *Any new families to the program are required to supply sacramental certificates where your child(ren) celebrated his/her sacraments. Return a copy with this form. Please call your former church for the certificates. If sacraments were made at St. Patrick you need not supply certificates.*

Medical Information

Health issues/allergies _____ Child's name _____
 Doctor's Name _____ Doctor's phone _____
 Emergency Contact person _____ relationship _____
 Address _____ phone _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact the physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge, all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature _____ Date _____

Please complete all paperwork for registration and return to St. Patrick Religious Education Office, 225 N. Main St., Hubbard, OH 44425 on/before August 28, 2009. This will assist so that we can have adequate staff, space, and supplies necessary. **A late fee of \$10.00 per family for returning families will be assessed if this form is not returned by due date.** Tuition fees should be paid in full by December 2009.

We offer two CCD sessions. Please circle the day you would prefer. Class size is restricted so please return this form as soon as possible.

SUNDAY
(9:30 – 11:00 am)

TUESDAY
(6:00 – 7:30 pm)

Please keep in mind your child’s extracurricular activities when you register.

Fees for the 2009 – 2010 school year. Please see the guide lines for tuition fees that are enclosed with this mailing.

Family Name _____

Are you registered at St. Patrick? _____ Envelope #(must have if an active parishioner) _____

Active Parishioner

1 Child \$50.00
2 Children \$70.00
3+ Children \$90.00

Inactive Parishioner

1 child \$70.00
2 Children \$95.00
3+ Children \$125.00

(Grades 2 & 8 only) there is an additional \$10.00 sacramental fee per child. This fee will cover extra expenses and supplies needed for Reconciliation, First Communion, and Confirmation.

Total cost for children _____

Additional Sacramental fee _____

Additional late fee _____

Total amount due _____

Check number _____

Cash _____

Please make checks payable to St. Patrick Religious Education.

Please request a receipt.

Amount paid _____

****** Please note: This registration form must be returned by the 28th of August so that we can plan for classes, order books, and staff our program accordingly. There is a late fee of \$10.00 per family for returning families if this form is not returned by August 28th. Payments may be mailed, brought into the office, or brought to the first day of class. We would appreciate all tuition paid by December 2009. If for some reason this is a burden to your family, please contact Mary Satterlee, our CCD Principal @ (330) 759-8708. No one will be refused religious formation due to finances.**

**** For office use only****

Amount owed _____
Amount paid _____
Late fee _____
Balance _____