



"Walk with our children on their faith journeys"

ST. PATRICK CHURCH
FAITH FORMATION PROGRAM
YOUTH MINISTRY PROGRAM
REGISTRATION FORM 2006-2007
825 Seventh St. Rodeo, CA 94572
Faith Formation Office 510.799.4434
Parish Office 510.799.4406/Fax 510.799.5681

Program

Circle one of the following:

Faith Formation

Youth Ministry

**Confirmation:
Phase I**

**Confirmation:
Phase II**

Grade _____

Grade _____

Student Information

Gender _____ Ethnicity _____

First Name _____ MI _____ Last Name _____ EMail Address _____

Address _____ City _____ State _____ Zip _____ Home # _____

Birth Date _____ Birth Place (city/state) _____ School _____ City of School _____ Grade _____

Yes / No

Work # _____ Cell/Pager # _____ Fax # _____ Previous Religious Education (CCD) _____ Grade _____ RE School _____

Parents/Guardian Information

Marital Status _____ Email Address: _____

Mother/Guardian

(Married/Divorced/Single, etc.)

Father/Guardian

Name (First, Maiden) _____ Name _____

Religion _____ Religion _____

Work # _____ Cell/Pager # _____ Work # _____ Cell/Pager # _____

Emergency Contact Information

Contact Name _____

Relationship to Student _____ Phone/Cell # _____

Sacramental Information

What Church do you attend Mass? _____ City of Church _____

Baptize Yes / No Certificate Submitted? _____ Date _____ Church _____

Church Address _____
(street, city, state, zip)

First Reconciliation Yes / No _____ Date _____ Church _____

Church Address _____
(street, city, state, zip)

First Holy Communion Yes / No _____ Age: _____ Date _____ Church _____

Church Address _____
(street, city, state, zip)

Confirmation Yes / No _____ Date _____ Church _____

Church Address _____
(street, city, state, zip)

Registration Fee/ Notes

Financial assistance is available.

For Office Use Only:

Paid \$ _____ Date: _____

1st Child \$60; 2nd Child \$50; 3rd Child \$40; 4th Child \$30 Preschool/Kindergarten \$30 Check # _____

Received by: _____

- Please Complete Back Side -

**PERMISSION TO PARTICIPATE &
MEDICAL RELEASE**

I hereby give permission for my child, _____
to participate in the religious and social activities sponsored by St. Patrick
Faith Formation & Youth Ministry Programs. I understand that these activities will be
supervised by adults, but that neither St. Patrick nor the volunteer supervisors and
chaperones can be held responsible for any accident which may occur.

In case of emergency, I can usually be contacted at:

Name _____ Phone/work/cell# _____

In the event that I cannot be reached, I give permission for an adult leader from
St. Patrick Faith Formation & Youth Ministry Programs to authorize appropriate medical
treatment for my child. This authorization will remain in effect until September 1, 2007,
unless sooner revoked in writing and delivered to St. Patrick Church.

Family Physician _____

Address _____ **Phone** _____

Medical Plan _____ **Plan/Group#** _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication
and state the type and frequency of medication given:

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other	_____		

List any physical restriction for any activity on the basis of medical condition:

Allergy or reaction to any medication or food? ___No ___ Yes, List _____

State the date of your child's last physical examination: _____

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date