



St. Patrick Parish  
Religious Education Program  
Registration 2016 - 17

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Parish \_\_\_\_\_

\_\_\_\_\_ ***Please initial for Photo / Video Release.*** I hereby give permission for my son/daughter to be photographed or videotaped. I realize the photo/video may be published in the bulletin or other parish and/or diocesan publications. The photo/video may be used for informational, educational, or promotional purposes regarding our religious education program and events.

***Emergency Contact***      Name \_\_\_\_\_  
    Relationship \_\_\_\_\_  
    Phone \_\_\_\_\_

**2016 - 17 TUITION SCHEDULE**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 child - \$100.00    | <input type="checkbox"/> 3 children - \$160.00         |
| <input type="checkbox"/> 2 children - \$130.00 | <input type="checkbox"/> 4 or more children - \$190.00 |

I would like to pay:       Onetime payment -  Enclosed - Date paid \_\_\_\_\_  
     3 Installments \_\_\_\_\_  
     Other arrangements \_\_\_\_\_

➔ Please make checks payable to ***St. Patrick Church R.E.P.***

**CHILD'S NAME** \_\_\_\_\_

**2016 – 17 School Grade**\_\_\_\_ **School** \_\_\_\_\_ **REP Grade** \_\_\_\_\_

**Sacraments received:**  **Baptism**  **Reconciliation**  **First Communion**

**Please list any ALLERGIES, HEALTH ISSUES, and/or SPECIAL NEEDS:**

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