St. Patrick Parish, Franklin, PA
Religious Education Program Registration Form
2016/2017

Student #1 INFORMATION

☐ Returning Student ☐ New Student

Full name of student: _____
(First) (Middle) (Last)

Date of Birth: (M/D/Y) _____ City of Birth: _____

Church / City of Baptism: _____ Diocese_____

Church / City of First Eucharist: _____ Diocese_____

Public School currently attends: _____ Current Grade: _____

Student #2 INFORMATION

☐ Returning Student ☐ New Student

Full name of student: _____
(First) (Middle) (Last)

Date of Birth: (M/D/Y) _____ City of Birth: _____

Church / City of Baptism: _____

Church / City of First Eucharist: _____

Public School currently attends: _____ Current Grade: _____

Student #3 INFORMATION

☐ Returning Student ☐ New Student

Full name of student: _____
(First) (Middle) (Last)

Date of Birth: (M/D/Y) _____ City of Birth: _____

Church / City of Baptism: _____

Church / City of First Eucharist: _____

Public School currently attends: _____ Current Grade: _____

STUDENT'S MAILING ADDRESS: _____

CITY, STATE, PA: _____

HOME PHONE: _____

EMERGENCY NAME & PHONE: _____

e-mail address_____

FATHER'S FULL NAME: _____

(Address if different from student): _____

(Phone # if different from student): _____

MOTHER'S FULL NAME (Maiden) _____

(Address if different from student): _____

(Phone # if different from student): _____

Fee: $25.00 per student. Checks payable to St. Patrick Church. Thank you for your support!