

# RELIGIOUS EDUCATION REGISTRATION FORM

**St. Patrick – Arcola**

12305 Arcola Road  
Fort Wayne, IN 46818  
(260) 625-4151

Family Name: \_\_\_\_\_

Cell Phone #: (260) \_\_\_\_\_ (Last) (260) \_\_\_\_\_

Home Phone #: (260) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you registered in the Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

**Class starts Sept. 8, 2019**

**Pre-K (must be at least four years of age)  
through Grade 12**

**Class Time: Sundays  
(promptly) 8:30 a.m. – 9:45 a.m.**

**\*\*Student's Name:** \_\_\_\_\_ **D/O/B:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies and/or Medical Concerns:** \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Eucharist  Confirmation  
(Check all that apply)

**\*\*Student's Name:** \_\_\_\_\_ **D/O/B:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies and/or Medical Concerns:** \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Eucharist  Confirmation  
(Check all that apply)

**\*\*Student's Name:** \_\_\_\_\_ **D/O/B:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies and/or Medical Concerns:** \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Eucharist  Confirmation  
(Check all that apply)

**\*\*Student's Name:** \_\_\_\_\_ **D/O/B:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies and/or Medical Concerns:** \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Eucharist  Confirmation  
(Check all that apply)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Emergency contact name/number(s) not listed above: \_\_\_\_\_

I am interested in volunteering:  Weekly  Occasionally

## **REGISTRATION FEES:**

\*If you are in need of financial assistance, please contact the parish office at (260) 625-4151.  
Please note that all calls regarding financial assistance will be kept confidential.

**One Child \$ 35.00**  
**Two Children: \$ 70.00**  
**Family Maximum: \$105.00**

### **For Office Use Only:**

Paid: \_\_\_\_\_  
Date \_\_\_\_\_  
 Cash \_\_\_\_\_  
Amount \_\_\_\_\_  
 Check \_\_\_\_\_  
Check No. \_\_\_\_\_