

# RELIGIOUS EDUCATION REGISTRATION FORM

**St. Patrick – Arcola**  
 12305 Arcola Road  
 Fort Wayne, IN 46818  
 (260) 625-4151

**Class starts Sept. 13, 2020**  
**1st through 8<sup>th</sup> Grade**  
**High School Youth Group**  
**Class Time: Sundays**  
**(promptly) 8:30 a.m. – 9:45 a.m.**

Family Name: \_\_\_\_\_  
 (Last)  
 Cell Phone #: (260) \_\_\_\_\_ (260) \_\_\_\_\_  
 Home Phone #: (260) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

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

**\*\*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)

**Please add additional children on the back of this form.**

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**

<b>For Office Use Only:</b>	
Paid: _____	Date _____
<input type="checkbox"/> Cash	Amount _____
<input type="checkbox"/> Check	Check No. _____