

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. 11 , 2022

**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: _____

Cash _____ Date _____

Check _____ Amount _____

Check No. _____