|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLEASE BE SURE TO PRINT CLEARLY ESPECIALLY WITH YOUR E-MAIL INFORMATION.**  Saint Patrick Religious Education Program | | | | |
| FAMILY LAST NAME |  | (Father’s Last Name) | (Father’s First Name) |  |
|  |  | (Mother’s First Name) | (Mother’s Maiden Name) |  |
| Address: | Home Phone: | | | |
| Cell Phone: | | | | |
| email: | **Please print e-mail address clearly as this will be needed for registration** | | | |
| **Students’ Name** |  | **Grade as of**  **Sept. 2024** | **School Attending 2024- 2025** | **Date of Birth** |

|  |  |  |
| --- | --- | --- |
| Parents signature: | X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
| I am a registered member of | St. Patrick Parish | If not, what Parish do you attend: \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Those registering for Confirmation Prep Only** | | My child currently attends a Catholic High School |
| (You must check one) | | |
|  |  | My child is a graduate of St. Michael School |

Return completed registration forms and payment to:

Saint Patrick Church

32 East Main St, Mystic, CT 06355

Religious Education Registration Fee

1 Child $30.00

2 or more children $60.00

If you are experiencing any financial hardship please contact the Parish Secretary. Our goal is to be inclusive of everyone and only cover program material costs.

Checks may be made payable to: St. Patrick Church