

SAINT PATRICK RELIGIOUS EDUCATION

87 MARSH DRIVE

CARLISLE, PA 17015

(717) 243-4891 OR E-MAIL hhowie@saintpatrickchurch.org

FAMILY NAME _____

FATHER/GUARDIAN NAME _____

MOTHER/GUARDIAN NAME _____ MAIDEN _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE HOME _____ CELL _____

RECEIVE SNOW/EMERGENCY TEXT MESSAGES _____ CELL PROVIDER _____

EMAIL ADDRESS _____

ARE YOU REGISTERED IN THE PARISH _____ YES _____ NO

EMERGENCY CONTACT NAME: _____

ADDRESS _____

PHONE NUMBER _____

CHILD 1

NAME _____
(FIRST) (MIDDLE) (LAST)

BIRTHDAY _____ GENDER: _____
MM/DD/YYYY

SCHOOL GRADE 2017-2018: _____

PUBLIC SCHOOL ATTENDING _____

DOES YOUR CHILD HAVE AN IEP? ANY HEALTH OR LEARNING PROBLEMS WE
NEED TO KNOW? _____

DOES YOUR CHILD NEED A CLASSROOM AIDE? _____

BAPTISM: YES/NO DATE _____ If child is in 2nd or 6th grade
please provide copy of Baptism Certificate.

FIRST COMMUNION: YES/NO DATE _____

CHILD 2

NAME _____
(FIRST) (MIDDLE) (LAST)

BIRTHDAY _____ GENDER: _____
MM/DD/YYYY

SCHOOL GRADE 2017-2018: _____

PUBLIC SCHOOL ATTENDING _____

DOES YOUR CHILD HAVE AN IEP? ANY HEALTH OR LEARNING PROBLEMS WE
NEED TO KNOW? _____

DOES YOUR CHILD NEED A CLASSROOM AIDE? _____

BAPTISM: YES/NO DATE _____ If child is in 2nd or 6th grade
please provide copy of Baptism Certificate.

FIRST COMMUNION: YES/NO DATE _____

CHILD 3

NAME _____
(FIRST) (MIDDLE) (LAST)

BIRTHDAY _____ GENDER: _____
MM/DD/YYYY

SCHOOL GRADE 2017-2018: _____

PUBLIC SCHOOL ATTENDING _____

DOES YOUR CHILD HAVE AN IEP? ANY HEALTH OR LEARNING PROBLEMS WE
NEED TO KNOW? _____

DOES YOUR CHILD NEED A CLASSROOM AIDE? _____

BAPTISM: YES/NO DATE _____ If child is in 2nd or 6th grade
please provide copy of Baptism Certificate.

FIRST COMMUNION: YES/NO DATE _____