

SAINT PATRICK RELIGIOUS EDUCATION OFFICE  
87 MARSH DRIVE  
CARLISLE, PA 17013  
717-243-4891  
E-MAIL [jfrist@saintpatrickchurch.org](mailto:jfrist@saintpatrickchurch.org)  
REGISTRATION FORM

**FAMILY NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_ CELL: \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
FATHER NAME: \_\_\_\_\_ MIDDLE \_\_\_\_\_  
MOTHER NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ MAIDEN: \_\_\_\_\_  
RELIGION FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_  
FATHER OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
MOTHER OCCUPATION: \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

PARENT OR GAURDIAN IF NOT BIRTH PARENT: \_\_\_\_\_  
ARE YOU REGISTERED IN THE PARISH: \_\_\_\_\_ YES \_\_\_\_\_ NO  
CHILD 1: NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**BIRTHDAY** \_\_\_\_\_  
MM/DD/YYYY

**BAPTISM: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FIRSTCOMMUNION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO DATE** \_\_\_\_\_

CONFIRMATION \_\_\_\_\_ **YES** \_\_\_\_\_ **NO DATE** \_\_\_\_\_

**GRADE GOING INTO IN THE FALL** \_\_\_\_\_

PUBLIC SCHOOL ATTENDING \_\_\_\_\_

ANY HEALTH OR LEARNING PROBLEMS WE NEED TO KNOW \_\_\_\_\_

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(FOR OFFICE USE ONLY)

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**CCD CLASS** \_\_\_\_\_ **DATE REGISTERED** \_\_\_\_\_

CCD CLASSROOM \_\_\_\_\_ TUITION PAID \_\_\_\_\_

CCD TEACHER: \_\_\_\_\_

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CHILD 2: NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**BIRTHDAY** \_\_\_\_\_ **BAPTISM: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**FIRST COMMUNION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**CONFIRMATION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE** \_\_\_\_\_

**GRADE GOING INTO IN THE FALL** \_\_\_\_\_

PUBLIC SCHOOL ATTENDING \_\_\_\_\_

ANY HEALTH OR LEARNING PROBLEMS WE NEED TO KNOW \_\_\_\_\_

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**CCD CLASS** \_\_\_\_\_ **DATE REGISTERED** \_\_\_\_\_

CCD CLASSROOM \_\_\_\_\_ TUITION PAID \_\_\_\_\_

CCD TEACHER: \_\_\_\_\_

CHILD 3: NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**BIRTHDAY** \_\_\_\_\_ **BAPTISM: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**FIRST COMMUNION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**CONFIRMATION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **DATE** \_\_\_\_\_

**GRADE GOING INTO IN THE FALL** \_\_\_\_\_

PUBLIC SCHOOL ATTENDING \_\_\_\_\_

ANY HEALTH OR LEARNING PROBLEMS WE NEED TO KNOW \_\_\_\_\_

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**CCD CLASS** \_\_\_\_\_ **DATE REGISTERED** \_\_\_\_\_

CCD CLASSROOM \_\_\_\_\_ TUITION PAID \_\_\_\_\_

CCD TEACHER: \_\_\_\_\_