



St. Patrick Catholic Church

Parish School of Religion (PSR) & High School Youth Group Registration Form 2020-2021

Parent(s) _____

Date _____

Registered Member of the Parish? (Yes / No)

Address _____

Phone _____ (Home/Cell)

City _____ State _____ Zip _____

Email Address _____

Please complete for 2020-2021 school year

PSR – Kindergarten – 8th Grade – Sunday 9:45 – 10:45 am (*8:45 – 9:45 am while there's only one mass)

| | | | | |
|------|----------|-----------|-----|------------------------------|
| Name | Goes By? | Birthdate | Age | Grade/School (for 2020-2021) |
| Name | Goes By? | Birthdate | Age | Grade/School (for 2020-2021) |
| Name | Goes By? | Birthdate | Age | Grade/School (for 2020-2021) |

High School Youth Group — Sunday 5 – 6 pm

| | | | | |
|------|----------|-----------|-----|------------------------------|
| Name | Goes By? | Birthdate | Age | Grade/School (for 2020-2021) |
| Name | Goes By? | Birthdate | Age | Grade/School (for 2020-2021) |
| Name | Goes By? | Birthdate | Age | Grade/School (for 2020-2021) |

SACRAMENTS:

Has your child or children received their sacraments? Please check which received.

Circle one

| | | | | | |
|------------|---------------|----------------|----------------------|-----------------|--------------------|
| Name _____ | Baptism _____ | (Catholic/Non) | Reconciliation _____ | Communion _____ | Confirmation _____ |
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| Name _____ | Baptism _____ | (Catholic/Non) | Reconciliation _____ | Communion _____ | Confirmation _____ |

_____ I would be interested in being contacted for my child to receive the sacraments they have not yet received.

Sacramental Preparation Information:

Requirements for Sacramental Preparation for Reconciliation/First Eucharist or Confirmation:

- A copy of your child's Baptismal Certificate (if not baptized at St. Patrick)
- Participation in all scheduled events

OVER →

Does your child(ren) have any health concerns? Please share any important health information regarding allergies (especially to food), diabetes, ADD/ADHD, or any other medical/mental health concerns that his/her teacher should know about:

Name: _____ Health Information: _____
Name: _____ Health Information: _____
Name: _____ Health Information: _____

STEWARDSHIP:

I can be a: PSR: Catechist ___ Aide ___
High School Youth Group: Catechist ___ Aide ___

PERMISSION/LIABILITY:

I, _____ hereby give my permission for my child(ren) _____
_____ to participate in religious education at St. Patrick Catholic Church.

I understand there is a risk of injury involved in any activity. I agree that I will not hold the parish, school or organization named above or the Diocese of Kansas City-St. Joseph responsible for any injuries that my child might incur while participating in religious education. In an emergency, if I cannot be contacted, I hereby authorize that emergency treatment be administered.

I understand my said child(ren) need to conduct themselves in a Christian manner at all times while in the custody of the Director of Religious Education and while on the grounds of St. Patrick Catholic Church. As a family we agree to enforce the respect of church property, the respect of the people leading the religious education and all other peers. We understand if there are problems with rule breaking, it may result in termination of the child(ren) attending the religious education offered at St. Patrick Catholic Church.

I agree to share important information with the Religious Education Coordinator such as allergies or behavioral/emotional disorders to allow us to care for your child(ren) to the best of our abilities. **St. Patrick is committed to providing reasonable accommodations to families with special needs.**

I give permission for photos/video of my child(ren) to be taken for parish use in print & social media.

Signature: _____ Date: _____

FEES:

1. Payment is due at time of registration. Checks made out to **St. Patrick Catholic Church**.
2. No one is denied access to religious formation/youth group because of finances; **please talk to the Director of Religious Education about arrangements.**
3. Special Activities and Retreats may have a fee or cost which is not included in the base fee.
4. **ONE \$40.00 discount** is given to all families in which parents/older siblings volunteer as a Catechist/Aide in PSR (**\$20 for Youth Group**). This discount does not apply to student fees for Sacraments.
5. Payment does not include any fees for a student seeking to prepare for Sacraments.

Paid Cash Check # _____ Date _____

Parish School of Religion (PSR)

- \$ 40.00/1 student
- \$ 80.00/2 students
- \$ 120.00/3 or more students

High School Youth Group

- \$20/1 student
- \$30/2 students
- \$40/3 or more students

Registration forms can be mailed to St. Patrick if needed:

St. Patrick Catholic Church
1357 NE 42nd Terrace
KCMO 64116

More information can be found on St. Patrick's Website at www.stpatrickkc.com

QUESTIONS:

For: PSR programming (Kindergarten – 8th grade)
High School Youth Group
Sacraments of Reconciliation & First Communion
Sacrament of Confirmation
Contact: Mindy Lehman, Director of Religious Education
816.453.0971 ext. 113
mlehman@stpatrickkc.com