



**St. Patrick**  
CATHOLIC CHURCH

**FAITH FORMATION REGISTRATION  
2018- 2019**

**St. Patrick Catholic Church**  
4518 S. Manhattan Avenue  
Tampa, FL 33611  
Parish Phone#: 813 839-5337  
Parish Office Hours:  
Monday- Friday 9 am - 4 pm

**PARENTS/GUARDIANS - Please print clearly and neatly**

**Primary Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Registered at St. Patrick Catholic Church:** \_\_\_\_ **Yes** \_\_\_\_ **No** **Parish where registered:** \_\_\_\_\_

**Child(ren) Primarily live with:** \_\_\_\_ **Both Parents** \_\_\_\_ **Father** \_\_\_\_ **Mother** \_\_\_\_ **Other (Name)** \_\_\_\_\_

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**1. Child's Last Name:** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Gender:** \_\_\_\_ **Female** \_\_\_\_ **Male**

**Birthdate:** \_\_\_\_\_ **Student Cell#** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Youth Program:** (Fee Schedule on reverse side).

\_\_\_\_ Elementary Education (Pre K/K thru 5th Grade) \_\_\_\_\_ Edge ( Middle School) Youth Group.

\_\_\_\_ Middle School & Pre-Confirmation Prep (6,7,8 Grade) \_\_\_\_\_ Life Teen (High School) Youth Group

**Interested In:** (Interview required for registration for Sacramental Programs)

**Sacramental Classes:** \_\_\_\_ First Communion \_\_\_\_ Confirmation \_\_\_\_ Christian Family Study Program

**2. Child's Last Name:** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Gender:** \_\_\_\_ **Female** \_\_\_\_ **Male**

**Birthdate:** \_\_\_\_\_ **Student Cell#** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Youth Program:** (Fee Schedule on reverse side).

\_\_\_\_ Elementary Education (Pre K—K thru 5th Grade) \_\_\_\_\_ Edge (Middle School) Youth Group

\_\_\_\_ Middle School & Confirmation Prep (6,7,8 Grade) \_\_\_\_\_ Life Teen (High School) Youth Group

**Interested In:** (Interview required for registration for Sacramental Programs)

**Sacramental Classes:** \_\_\_\_ First Communion \_\_\_\_ Confirmation \_\_\_\_ Christian Family Study Program

**3. Child's Last Name:** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Gender:** \_\_\_\_ **Female** \_\_\_\_ **Male**

**Birthdate:** \_\_\_\_\_ **Student Cell#** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Youth Program:** (Fee Schedule on reverse side).

\_\_\_\_ Elementary Education (Pre K—K thru 5th Grade) \_\_\_\_\_ Edge (Middle School) Youth Group

\_\_\_\_ Middle School & Confirmation Prep (6,7,8 Grade) \_\_\_\_\_ Life Teen (High School) Youth Group

**Interested In:** (Interview required for registration for Sacramental Programs)

**Sacramental Classes:** \_\_\_\_ First Communion \_\_\_\_ Confirmation \_\_\_\_ Christian Family Study Program

**Registration Notes:**

- Sacramental and Christian Family Study Classes require an interview before Registration. No fees are due until after the interviews.
- First Communion & Confirmation are 2 year programs. One year of Faith Formation is needed in the year prior to the Sacramental year.
- **First Communion and Confirmation Parent's Meetings are August 26, 2018, in North Wing, Classroom 24 after the 9:00am & 11:00am Masses**

## Emergency Medical Information and Release

Designated Contact in case of an Emergency:

Contact Name: \_\_\_\_\_

Cell/Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Cell/Phone: \_\_\_\_\_

For each child attending Faith Formation, please provide their **full name** and any significant medical information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my consent to any emergency facility and physician to administer any necessary treatment to my child listed above in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian

\_\_\_\_\_  
Date

**Acknowledgements for Registration and Waiver of Liability. (Parent or Guardian must *initial each item*) below.**

- \_\_\_\_\_ (1) By submitting your email address to St. Patrick Catholic Church, you have opted-in to receive up-to-date Parish and Faith Formation communications through St. Patrick’s email and other communication systems.
- \_\_\_\_\_ (2) Middle and High School Youth who are being registered, by providing this information and signing this form, permission is given for staff and volunteers to communicate directly with your youth through parish and other social networks.
- \_\_\_\_\_ (3) For all children, images of children may be used on parish electronic and printed media.
- \_\_\_\_\_ (4) I acknowledge I have been informed about the Safe Environment Program for the protection of my child(ren) and have received a copy of the information.
- \_\_\_\_\_ (5) Waiver of Liability: I hereby request and give my permission for my child to participate in Faith Formation and/or Youth Ministry. I understand and assume the risks inherent in these events, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I, individually and on behalf of my child named in this document, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg, St. Patrick Catholic Church, and their employees, agents and volunteers, from any and all claims for any and all harm arising to my child as a result of their participation in these programs. As the primary catechist for my child, I accept my responsibility to teach at home, for attending the periodic Faith Formation sessions, and helping in whatever capacity I can. I accept responsibility for my child’s attendance and behavior.

**2018—2019 Faith Formation Fees**

- **Elementary Education:** PreK/K thru 5th Grade ..... - \$60.00 X \_\_\_\_\_ = \$ \_\_\_\_\_
- **Middle School Education:** 6th—8th Grade, Pre-Confirmation, **includes Edge** ..... - \$60.00 X \_\_\_\_\_ = \$ \_\_\_\_\_
- **Edge** (only if not registered for Middle School): ..... - \$40.00 X \_\_\_\_\_ = \$ \_\_\_\_\_
- **Life Teen High School:** ..... - \$60.00 X \_\_\_\_\_ = \$ \_\_\_\_\_
- **NOTE: Fees for Sacramental programs are not due or paid until after Interviews:** **Total Due Now = \$ \_\_\_\_\_**
  - \* **Christian Family Study Programs** are \$60.00 each child.
  - \* **First Communion and Confirmation** are \$70.00 per child for each program.

**Faith Formation Staff:**

Deacon Ben Hooks: Phone: (813) 839-5337 Ext: 206 Email: [bhooks@stpatricktampa.org](mailto:bhooks@stpatricktampa.org)  
 Carlos Flores: Phone: (813) 839-5337 Ext: 304 Email: [msm@stpatricktampa.org](mailto:msm@stpatricktampa.org)  
 Monica Bonfe Erickson: Phone: (813) 839-5337 Ext: 304 Email: [merickson@stpatricktampa.org](mailto:merickson@stpatricktampa.org)

**OFFICE USE ONLY**

TOTAL FEES: \_\_\_\_\_ PAID: \_\_\_\_\_ CHECK#: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_