

St Patrick's Catholic Church Faith Formation Registration Form 2024-2025

Please print legibly.

Registered at St Patrick? ___ Yes ___ No Name of church where registered: _____

Mothers full name including maiden name: _____

Mothers cell phone: _____ Mothers email: _____

Fathers full name: _____

Fathers cell phone: _____ Fathers email: _____

Parents marital status: ___ single ___ married ___ divorced Children live with: ___ Mother ___ Father ___ Both

Address: _____ City _____ State _____ zip code _____

Primary contact: ___ Mother ___ Father

Other: (Full name) _____ relationship to child: _____

Cell phone: _____ Email: _____

Other adult that may pick up my child(ren): _____

Relationship: _____ cell phone: _____

Registration Requirements

St. Patrick Catholic Church Tampa supports the Sacramental Preparation policies of the Diocese of St. Petersburg. To receive any sacrament a child must be enrolled and attend one full year of faith formation in a parish or Catholic school and may receive their sacraments the second year of attendance.

The following documents must be completed and returned with the registration form to complete the registration process.

- First Reconciliation/First Communion: Baptismal Certificate
- Confirmation: Baptismal certificate and First Communion Certificate
- In case of divorce and custody agreement: A copy of the most current declaration page from the divorce decree
- Payment of registration fee or payment arrangement (Calculate total payment below)

Grades K-5: Sunday 9:00am-9:45am: \$65.00 x _____ = _____

EDGE (Grades 6-8): Fridays 7pm-9pm \$65.00 x _____ = _____

LIFETEEN (Grades 9-12): Sundays 6pm-8pm \$65.00 x _____ = _____

For those seeking First Communion (2nd grade or older): \$135.00 x _____ = _____

For those seeking Confirmation (8th grade or older): \$135.00 x _____ = _____

- Registration fees may be paid online, via the parish web site www.stpatricktampa.org. Click the Faith Formation tab. Select "Faith Formation K-5" and click the link "click here to pay through online giving" Make sure to set the payment to "one time" instead of recurring and enter the total amount due and under the fund dropdown menu choose "religious education."
- Payment by check may be made payable to St. Patrick Catholic Church.
- Completed forms may be emailed to Director of Faith Formation or sent via the U.S. mail, 4518 S. Manhattan Ave, Tampa, FL, 33611

Director of Faith Formation

Angela Hayes

Phone: (813) 839-5337 ext. 131

faithformation@stpatricktampa.org

Coordinator of Youth Ministry

Angelina Corral

Phone: (813) 839-5337 ext. 304

youthministry@stpatricktampa.org

Office Use Only

Total Fees Due _____ Paid On line: _____ Check # _____ Balance Due: _____

Notes: _____

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 also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child(ren). I, individually, and on behalf of my child(ren) named in this document, do hereby release, covenant not to sue, and save harmless:
The Bishop 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.
- ___ 6. As the primary catechist for my child, I accept my responsibility to take my child(ren) to Mass every Sunday, teach at home, attend any periodic Faith Formation sessions, and helping in whatever capacity I can. I accept my responsibility for my child's attendance and behavior.

Child 1 Full name: _____ Male__ Female__

Date of Birth: _____ Grade: _____ School: _____

Cell phone: _____ email: _____

Sacramental History

Baptism __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

First Communion __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

Confirmation __ Yes __ No Name of Church _____

Location (city and state) _____ Date _____

Please indicate any sacrament(s) you are seeking this year:

Baptism First Communion (2nd grade or later) Confirmation (8th grade or later)

In case of emergency and we cannot reach child's parents or primary contact, please list medical conditions, allergies, and medications taken by this child to provide to emergency personnel.

Medical condition(s): _____

Allergies: _____

Medication(s): _____

Child 2 Full name: _____ Male__ Female__

Date of Birth: _____ Grade: _____ School: _____

Cell phone: _____ email: _____

Sacramental History

Baptism __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

First Communion __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

Confirmation __ Yes __ No Name of Church _____

Location (city and state) _____ Date _____

Please indicate any sacrament(s) you are seeking this year:

Baptism First Communion (2nd grade or later) Confirmation (8th grade or later)

In case of emergency and we cannot reach child's parents or primary contact, please list medical conditions, allergies, and medications taken by this child to provide to emergency personnel.

Medical condition(s): _____

Allergies: _____

Medication(s): _____

Child 3 Full name: _____ Male__ Female__

Date of Birth: _____ Grade: _____ School: _____

Cell phone: _____ email: _____

Sacramental History

Baptism __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

First Communion __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

Confirmation __ Yes __ No Name of Church _____

Location (city and state) _____ Date _____

Please indicate any sacrament(s) you are seeking this year:

Baptism First Communion (2nd grade or later) Confirmation (8th grade or later)

In case of emergency and we cannot reach child's parents or primary contact, please list medical conditions, allergies, and medications taken by this child to provide to emergency personnel.

Medical condition(s): _____

Allergies: _____

Medication(s): _____

Child 4 Full name: _____ Male__ Female__

Date of Birth: _____ Grade: _____ School: _____

Cell phone: _____ email: _____

Sacramental History

Baptism __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

First Communion __ Yes __ No Name of Church: _____

Location (city and state) _____ Date _____

Confirmation __ Yes __ No Name of Church _____

Location (city and state) _____ Date _____

Please indicate any sacrament(s) you are seeking this year:

Baptism First Communion (2nd grade or later) Confirmation (8th grade or later)

In case of emergency and we cannot reach child's parents or primary contact, please list medical information we can provide to emergency personnel.

Medical condition(s): _____

Allergies: _____

Medication(s): _____