ST. PATRICK CATHOLIC CHURCH

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www.stpatrickcb.org

FAITH FORMATION REGISTRATION 2025-2026

Please fill out a separate Faith Formation Registration Form for each student registering at St. Patrick

STUDENT INFORMATION

Child's LAST Name:_____ **Child's FIRST Name:** _____

Address:_____ City:_____ State:_____ ZIP: _____

Home Phone:_____ Cell Phone:_____ ☐ Does not have a cell

Email Address:_____ ☐ Does not have an email address

Gender: ☐ Male ☐ Female Birth Date____/____/_____ Catholic? ☐ Yes ☐ No

Grade in school this year:_____ School attending: _____ ☐ No

Did this child register and regularly attend Faith Formation last year? ☐ Yes, grade _____

Faith Formation Class child is registering for this year (select one):

☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 ☐ Grade 6 ☐ Grade 7 ☐ Grade 8

☐ Grade 9+ (1st year Confirmation Preparation) ☐ Grade 10+ (2nd year Confirmation Preparation)

Sacraments requested for this child this year: ☐ Baptism (Contact the Parish Office)

☐ Reconciliation & Holy Communion ☐ Confirmation (must be 10th grade or older, with 1st year class or equivalent)

FAMILY INFORMATION

Father's Full Name: _____ **Religion:** _____

Cell Phone *(required)*_____ Work Phone:_____

Mother's Full Name: _____ **Religion:** _____

Cell Phone *(required)*_____ Work Phone:_____

Family Email Address: (for BEST contact): _____

Emergency Contact Name:_____ Phone:_____

Relationship to Child: _____

SACRAMENTS

A Certificate must be provided if the sacrament was received at a different parish

SACRAMENT	RECEIVED Yes or No
Baptism – required for First Holy Communion & Confirmation	yes or no
Reconciliation – required for Confirmation	yes or no
Eucharist (Holy Communion) – required for Confirmation	yes or no

FEES

Tuition dues are **$80** per student grades 1st -8th and **$100** per student 9th – 10th (**Maximum $225** per household)

Fee Assistance and payment plan options are available. Through the generous contributions of parishioners, a fund has been made available for the parish families in need of assistance with the fee for the Faith Formation program. Contact Jill Faust at the Parish office.

For Office Use: Date____/____/____ Amount paid $_____ cash or check #_____ by _____

BEHAVIORAL EXPECTATIONS & CONSEQUENCES

In order to provide an environment that promotes maximum learning, good discipline is a necessity. Due to issues in previous years which disrupted the learning environment of other students, we are establishing clear discipline guidelines for future classes.

Supervision

We will have at least two adults in each classroom in order to help maintain proper behavior and allow for students to leave the room accompanied by an adult for things like bathroom visits and phone calls. (Please see the Volunteer Sign-Up sheet for further details.)

Procedures

- When a child exhibits inappropriate behavior, he/she will be given two warnings by the classroom catechist/assistant/substitute. These warnings will be noted on the attendance list. The second warning will include a mention to the student that he/she will be asked to leave should the misconduct continue.
- On the third occasion, the student will be asked to leave the classroom and report to the Check-In desk. He/she will be accompanied to the check in desk by an adult who will remain with the child until he/she is picked up by the parents.
- The student's parent/guardian will be called, and the child will need to be picked up immediately.
- An appointment must be made with the Director of Faith Formation and plans made to ensure behavior modification. Only after this meeting will the student be allowed to return to Faith Formation classes.

If inappropriate behavior persists, parents may be asked to attend classes with their child. When all other solutions fail, the student will be asked to find alternative means of obtaining Faith Formation.

Parent Acknowledgment

I acknowledge that I have read the Behavioral Expectations & Consequences. Our family agrees to abide by these expectations.

*Parent Signature:*_____ *Date:*____/____/_____

MEDICAL RELEASE & LIABILITY WAIVER

St. Patrick should be aware of these special medications and/or conditions of my child_____:

_____

_____

St. Patrick should be aware of these special educational needs of my child (please provide an IEP if appropriate):

_____

_____

____I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

____I understand that I will be contacted in the event that my child becomes ill with symptoms of a headache, vomiting, sore throat, fever or diarrhea.

____I hereby grant permission for non-prescription medication (such as aspirin, Tylenol, throat lozenges) to be given to my child, if deemed appropriate.

*Parent Signature:*_____ *Date:*____/____/_____

PHOTO RELEASE

I grant permission for St. Patrick Parish and the Diocese of Des Moines to use pictures and/or videos of my child in positive presentations and that when doing so my child's name will not be used unless I am specifically asked for permission to do so.

*Parent Signature:*_____ *Date:*____/____/_____

VOLUNTEER REQUEST

This year we are asking that each parent volunteer to assist in the Faith Formation process at least two times during the academic year. A Volunteer Form is available on the parish website. Please fill out the Volunteer Form and return it with your completed registration.

Thank you for giving us the opportunity to help form your child's faith.