



# Carlo Acutis Faith Formation Registration K-8

PLEASE THOROUGHLY & THOUGHTFULLY COMPLETE THE FOLLOWING Registrations may be returned to Stephanie Zeising at the St. Patrick parish office no later than September 1. Contact info: [Stephanie@stpatsic.com](mailto:Stephanie@stpatsic.com)/319-337-2856

Family Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name and location of parish where your family is currently registered \_\_\_\_\_

EMERGENCY CONTACT (if we cannot reach you):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone \_\_\_\_\_

## GRADES KINDERGARTEN - EIGHTH

<u>Child's Last Name</u>	<u>Child's First Name</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>BirthDate</u>	<u>Baptism</u>	<u>Eucharist</u>	<u>Reconciliation</u>	<u>Confirmation</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I would like to be contacted with more information about helping as a catechist Yes  No

We will carpool with \_\_\_\_\_

**REGISTRATION FEE: \$60** per student or **\$100** per family. Please submit the fee with the registration form. You may pay cash or check (payable to Carlo Acutis Faith Formation)

**PERMISSION FOR PHOTO USE:** Please sign to indicate that you have read and consent to the following: You give permission for use of your child's photos, videos, etc., to be used in publicity specifically related to the Carlo Acutis Faith Formation. Your child will not be identified if used on St. Patrick's or St. Mary's website, media platform, or publications.

Parent/Guardian signature: \_\_\_\_\_

On the reverse side, please note any physical, health, or learning condition of your child/children about which we ought to be aware of pertinent to your child/children's needs. The entire contents of this form remain confidential and are used only by department staff and your child/children's catechist(s).