



St. Patrick Roman Catholic Parish
St. Patrick Church - St. Michael Mission
P.O. Box 164 Bisbee, AZ 85603
Registration for Religious Education Class

Sacrament Preparation 20__-20__
1st Communion/Reconciliation
(August to May)
Confirmation (August to April)

Student

Last Name First Name Middle Name

Birth Information

Date of Birth City State
Grade Level:
Age: _____

RECORD OF SACRAMENTS RECEIVED			
At the time of registration please present certificates of sacraments received from another parish.			
	Date	Parish	City, State
Baptism			
First Holy Communion			
Confirmation			

Parents/Gaurdian:	PLEASE PRINT ALL INFORMATION CLEARLY		
Father			
	Last Name	First Name	
Mother			
	Last Name	First Name	Maiden Name
LEGAL GUARDIAN			
IF OTHER THAN PARENT	Last Name	First Name	Relationship to Child
Residence Address			
	Street address	City, State	Zip Code
Mailing Address			
	P.O. Box/or Same as above	City, State	Zip Code
Telephone			
	Home	Cell	Work/Other
Parent E-mail address			
EMERGENCY			
	Name	Telephone	

Parent/Guardian Signature _____ Date _____	1st Communion/1st Reconciliation (7 - 12 years old) Confirmation (13 - 17 years old-must be 14 by April) Cost \$35.00 for both preparation programs		
	Payment Method:	Credit Card: _____ Master _____ Visa	
	Cash_____ Check_____	Card No.:	
	Amount \$	CVV:	
	Payments can be made in person at the Parish Office located at 100 Higgins Hill, Bisbee AZ	Expiration Date:	
		Zip Code:	
		Amount \$	