

ST. PATRICK'S FAITH FORMATION REGISTRATION 2025-2026

Child's Last Name _____

Parents' First and Last name(s) _____

Address _____ City, _____ ZIP _____

Home Phone _____ Mother's cell _____ Father's Cell _____

Preferred **EMAIL ADDRESS**: _____

Please indicate any allergies or special circumstances or medical needs we should be aware of:

PAYMENT INFORMATION: We accept 3 different forms of payment::

- 1) Credit card-We accept Visa, Discover, and Master Card. To pay by Credit Card you must register online at the parish website www.churchofstpatrik.com click on ministries and then follow the drop down boxes to faith formation registration. **Credit Card payments can only be accepted for payment in full.**
- 2) Enclosed is my cash or check # _____ in the amount of \$ _____
- 3) Payment plan -I will pay this amount in 3 monthly increments in Sept.-Oct.- Nov. _____

Family cap for 3 or more children is **\$220.00** per family (**Family cap does not include payment for sacramental classes which have separate curriculum costs**). If financial assistance is needed, please contact Teresa Neuman-Director of Faith Formation at 651-621-1565. **Children will not be "considered registered" unless a \$50.00 payment towards your family's total tuition cost is received by Sept. 5, 2025.**

If you cannot meet the \$50.00 requirement by Sept. 5th –you must contact Teresa Neuman immediately.

Student's Name First & Last	Birth Date	M/F	School	Grade as of Sept. 1, 2025	Date/Time (circle one)
\$95.00 per child-3 or more Children-Family Cap of \$220.00 Note: Sacramental Classes are not included in the Family Cap since they have separate Curriculum Costs 2nd, 3rd, 4th, 5th, 6th, 7th and 8th grade					
					Wed.-4:30 pm - Grades 2-8 Wed.-6:30 pm - Grades 2-8
					Wed.-4:30 pm - Grades 2-8 Wed.-6:30 pm - Grades 2-8
					Wed.-4:30 pm - Grades 2-8 Wed.-6:30 pm - Grades 2-8
					Wed.-4:30 pm - Grades 2-8 Wed.-6:30 pm - Grades 2-8

**PLEASE MAKE SURE THAT YOU HAVE CIRCLED THE TIME FRAME THAT YOU WANT
YOUR CHILD TO ATTEND FAITH FORMATION. THANK YOU!**

St. Patrick's Catholic Church of Inver Grove Heights, Minnesota
**DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR OTHER ELECTRONIC
COMMUNICATION INVOLVING MINORS**

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

In order to ensure transparency and parental involvement, St. Patrick's of Inver Grove Heights, MN has created this consent form so that parents and guardians may provide authorization for St. Patrick's of Inver Grove Heights, MN leaders to electronically communicate with minors. Such communications must comply with applicable St. Patrick's of Inver Grove Heights, MN policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of St. Patrick's of Inver Grove Heights, MN to communicate with My Child electronically. I understand that such communications are for St. Patrick's of Inver Grove Heights, MN purposes only and may involve group communications relating to St. Patrick's of Inver Grove Heights, MN activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform St. Patrick's of Inver Grove Heights, MN in writing and that this rescission will not take effect until it is received by St. Patrick's of Inver Grove Heights, MN

**I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider
their terms, and understand them. I execute this document voluntarily and with knowledge of its
significance.**

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____ Cell number: _____

Child Email address: _____

Child cell number: _____

Signature of Parent/Guardian: _____ Date: _____