



St. Patrick Catholic Church
500 NE 16th Ave.
352-372-4641

Registration for Catechesis of the Good Shepherd

PRINT CLEARLY AND COMPLETE ALL SECTIONS

Student's Full Name:

Date of Birth (M/D/Y): _____ Grade in School: _____

Street Address/Zip Code:

Father/Mother:

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Special Needs: _____
(Allergies, Medications, Disabilities, Etc.)

Does your Child need Baptism? _____ If no, please provide the following:

My Child was Baptized on _____ at _____
Date: Month/Year Parish or City/State

Has your Child Received 1st Communion? _____ If yes, please provide the following:

My Child received 1st Communion on _____ at _____
Date: Month/Year Parish or City/State

I agree to bring my son/daughter to classes as scheduled and support their Catholic education by attending Mass weekly.

Parent/Legal Guardian Signature: _____

Print Name: _____ Date: _____

REGISTRATION FEES: \$60.00

Please make checks payable to - St. Patrick Catholic Church