St. Patrick Catholic Church
Gainesville, Florida

**500 NE 16th Ave.**
**352-372-4641**

## *Registration for Confirmation Classes*

PRINT CLEARLY AND COMPLETE ALL SECTIONS

Student's Full Name: _____

Date of Birth (Month/Day/Year): _____

Grade in School (26-27 School Year): _____

Street Address/Zip Code: _____

School: _____

| Father | Mother |
|---|---|
| Name: _____ | Name: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

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

---

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

**Please provide a copy of your child's Baptism certificate*

**My Child Received First Communion** on _____ at _____
Date: Month/Year Parish and 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:**

$20 for supplies to be used for the next 2 years.
Please make checks payable to "St. Patrick Catholic Church"
**Please contact Dana Ritzdorf with any questions at youthministry@spccgnv.org**