

St. Patrick's Religious Formation
284 East Main Street
Smithtown, N. Y. 11787 724-7454

Family Name _____

Confidential

Date of Registration _____

Child's Full Name _____ (F)___ (M)___

Home Phone# _____

Address _____

Father's Full Name _____ Occupation _____

Cell# _____ Religion _____

Mother's First and Maiden Name _____ Occupation _____

Cell# _____ Religion _____

Grade Level (for coming school year) _____ Public School _____

*** Any Special Consideration about your child you would like us to know? (ex. ADD - ADHD, disabilities, order of protection) _____

Is your child on any medication(s)? _____

If family is separated - who is custodial parent? _____

In an emergency, whom do you wish contacted when you cannot be reached?

Name _____ Phone # _____

Address _____

Child's Date of Birth _____

Sacraments of Initiation

Baptism/Church _____ ***Date*** _____

Location _____

Street _____ ***Town*** _____ ***State*** _____ ***Zip*** _____

Reconciliation/Church _____ ***Date*** _____

Location _____

Street _____ ***Town*** _____ ***State*** _____ ***Zip*** _____

Eucharist/Church _____ ***Date*** _____

Location _____

Street _____ ***Town*** _____ ***State*** _____ ***Zip*** _____