



*St. Patrick Parish Office of Faith Formation & Youth Ministry  
 86 High Street, Wareham, MA 02571  
 508-295-0780  
 e-mail: StPatricksRE@yahoo.com*

**WEEK LONG SUMMER PROGRAM REGISTRATION**

Family Last Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address if different: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell-Mother: \_\_\_\_\_ Cell-Father: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (please include last name of children if different than family name listed above.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Special Needs/Medical: \_\_\_\_\_  
 Baptized Where: \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Special Needs/Medical: \_\_\_\_\_  
 Baptized Where: \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

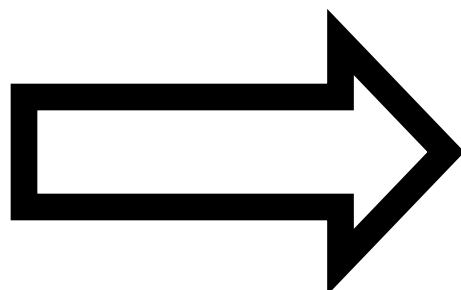
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Special Needs/Medical: \_\_\_\_\_  
 Baptized Where: \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Special Needs/Medical: \_\_\_\_\_  
 Baptized Where: \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Special Needs/Medical: \_\_\_\_\_  
 Baptized Where: \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

***Please return completed form today. Contact Paula Wilk with ANY issues.***

Program Costs:  
 Grades 1-8 \$50.00  
 Grade 9 \$100.00  
 Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 Balance Due: \_\_\_\_\_



82 High Street  
Wareham, MA 02571

ST. PATRICK'S PARISH



508-295-0780  
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Hearts to Christ Fall Program  
Registration Form 2011-2012

Family Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**LIST ONLY THE MEMBERS OF THE HOUSEHOLD ATTENDING HEARTS TO CHRIST**

Name of Parent/Adult attending: \_\_\_\_\_

Name of Parent/Adult attending: \_\_\_\_\_  
(please include last name of children if different than family name listed above. Children of **all ages** are welcome to attend!

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Total number of people attending Hearts to Christ : \_\_\_\_\_

We will begin with dinner/lunch or breakfast depending upon the session you choose.  
There is no charge for the event....there will be a basket available for a free will offering.

**PLEASE CIRCLE ONE TIME SLOT FOR EACH MONTH THAT YOU WILL BE ATTENDING:**

**SEPTEMBER - THEME-ORDINARY TIME**

Saturday, Sept. 10 9-11am  
Sunday, Sept. 11 12:30-2:30  
Tuesday, Sept. 13 6-8pm  
Wednesday, Sept. 14 6-8pm  
Saturday, Sept. 17 9-11am  
Tuesday, Sept. 20 6-8pm

**NOVEMBER- THEME- ALL SOULS**

Wednesday, November 9 6-8pm  
Saturday, November 12 9-11am  
Sunday, November 13 12:30-2:30pm  
Tuesday, November 15 6-8pm  
Wednesday, November 16 6-8pm  
Saturday, November 19 9-11am

**JANUARY- THEME-CHRISTMAS SEASON**

Saturday, Jan. 7 9-11am  
Sunday, Jan. 8 12:30-2:30pm  
Tuesday, Jan. 10 6-8pm  
Wednesday, Jan 11 6-8pm  
Saturday, Jan. 14 9-11am  
Tuesday, Jan. 17 6-8pm

**MARCH -THEME-LENT**

Saturday, March 3 9-11am  
Sunday, March 4 12:30-2:30pm  
Tuesday, March 6 6-8pm  
Wednesday, March 7 6-8pm  
Saturday, March 10 9-11am  
Tuesday, March 13 6-8pm

**MAY- THEME-EASTER SEASON**

Tuesday, May 8 6-8pm  
Wednesday, May 9 6-8pm  
Saturday, May 12 9-11am  
Tuesday, May 15 6-8pm  
Saturday, May 19 9-11am  
Sunday, May 20 12:30-2:30pm

