

CHURCH OF ST. PATRICK

53 ST. PATRICK'S PLACE STATEN ISLAND, NY 10306

PRE-CANA PROGRAM REGISTRATION FORM

Date of Class: Choice #1 _____ / Choice #2 _____ *see website for dates

Wedding Date: _____ | Church: _____ | Priest Celebrant: _____

GROOM'S Name _____

Address _____ | City _____ | State _____ | Zip _____

Phone _____ | Email _____

Occupation _____

Parishioner of _____

BRIDE'S Name _____

Address _____ | City _____ | State _____ | Zip _____

Phone _____ | Email _____

Occupation _____

Parishioner of _____

The Pre Cana Program will foster a discussion of many topics. We ask that you check off topics that are of interest to either one or both of you for discussion purposes.

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|--|--|--|
| Families of Origin <input type="checkbox"/> | Christian Sexuality <input type="checkbox"/> | Male/Female Friendships <input type="checkbox"/> |
| Relating with In-Laws <input type="checkbox"/> | Two-Career Families <input type="checkbox"/> | Change in Lifestyle <input type="checkbox"/> |
| Mutual Interests <input type="checkbox"/> | Leaving Old Friends <input type="checkbox"/> | Prior Family Responsibilities <input type="checkbox"/> |
| Growing Older <input type="checkbox"/> | Future Parenting <input type="checkbox"/> | Balancing Career & Work <input type="checkbox"/> |
| New Challenges <input type="checkbox"/> | Career Changes <input type="checkbox"/> | |

FEE FOR PRE CANA IS \$200.00

- To check dates and times: www.stpatrickssi.org
- Check *or* Money Order payable to: **St. Patrick's Church**
- Please mail: **St. Patrick's Parish Office, 3560 Richmond Road, Staten Island, NY 10306**
- You will be contacted by email to confirm your date choice**
- If you have any question please call, 718-979-4227 or email parishadmin@stpatrickssi.org