



**ST. PETER
CATHOLIC CHURCH**

**Religious Education
Registration Form
Year 2024- 2025**

*Registration fee is \$35 per child.
Please fill out the second page as needed.*

FOR OFFICE USE ONLY
Amt. Paid:
Cash <input type="checkbox"/> Check <input type="checkbox"/>
Certificate of Baptism <input type="checkbox"/> yes <input type="checkbox"/> no

FAMILY INFORMATION

Are you a registered parishioner? yes no

Mother/Guardian's Name:	Are you Catholic? <input type="checkbox"/> yes <input type="checkbox"/> no
Mailing Address:	Cell Phone:
City, State, Zip:	Work Phone:
Email address:	

Father/Guardian's Name:	Are you Catholic? <input type="checkbox"/> yes <input type="checkbox"/> no
Mailing Address (if different from mother):	Cell Phone:
City, State, Zip:	Work Phone:
Email address:	

CHILD INFORMATION

Child's Full Name:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Goes by:	Date of Birth:
Name of School:	Grade:
Baptized? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State: _____	
First Communion? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State: _____	

A copy of the Baptismal Certificate must be included when registering for First Holy Communion classes if Baptism was received at a different parish.

List any medical conditions, allergies, educational or behavioral needs:

CHILD INFORMATION	
Child's Full Name:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Goes by:	Date of Birth:
Name of School:	Grade:
Baptized? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State _____	
First Communion? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State: _____	
List any medical conditions, allergies, educational or behavioral needs:	

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Confirmation? <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____ Church: _____ City, State: _____	
List any medical conditions, allergies, educational or behavioral needs:	

PARENT/GUARDIAN AGREEMENT

I understand that I, as parent/legal guardian of the above child/children, am required to read the Family Handbook provided by the Religious Education program at St. Peter Catholic Church. I understand and agree to abide by the guidelines, rules and regulations set forth in this handbook. I understand that my child/children need(s) to observe the basic rules of conduct, and adhere to the rules stated in the handbook. I understand that failure to comply with the family handbook could bring about disciplinary actions including, in extreme cases, dismissal from the catechetical program. I understand that I am responsible for sharing these rules with my child.

SIGNATURE: _____ Relationship to child/children: _____

PICK UP AUTHORIZATION

We encourage all parents to come into the classroom when dropping off or picking up your children. If your child is in the 4th grade or lower, it is mandatory that someone comes into the classroom to pick up your child. If a sibling will pick up your child, they must be in the 5th grade or higher. Please list all who have permission to pick up your child:

PHOTOGRAPH AND VIDEO CONSENT (Signature required for consent)

Pictures of religious education events may be taken. We would like to be able to use these photographs for parish and diocesan publications, and the St. Peter Parish website and Facebook page. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian. If there are concerns about the pictures posted online, please contact the PCL.

I/We, the parent(s)/guardian(s) of _____, authorize and give full consent, without limitation or reservation, to St. Peter Parish to publish any photograph in which the above named student appears while participating in the religious education program. There will be no compensation for use of any photograph at any time.

MEDICAL RELEASE

As a parent/guardian, I do herewith authorize the treatment of my child/children by a qualified licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me first or the emergency contact persons listed below.

1st Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other: _____

2nd Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and only after all efforts have been made to reach me or the emergency contact person(s) listed.

Parent(s) or Guardian's Signature

Date

