

**St. Peter's Italian Church**  
**Religious Education Process Registration Form**

(Please print all information)

**Candidate Information**

First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_ (please check one).

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ (please check one).

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What name would you like to be called? \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Elementary School Name: \_\_\_\_\_

Grade \_\_\_\_\_

High School \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

What extra-curricular activities are you involved in? ( ex. sports, ASB, choir, etc.): \_\_\_\_\_

What parish are you from? \_\_\_\_\_ City \_\_\_\_\_

**Sacrament Information** - *(Year 1, please provide copies of certificates and fill out information. Year 2, please fill out information only).*

Church where you were Baptized \_\_\_\_\_ Date \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

***(Confirmation Candidates only)***

Church where you received First Communion \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

**Family Information**

Father \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's E-Mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Would you like one parent to be the primary contact? Y / N If yes, which one? \_\_\_\_\_

In Case of Emergency, Contact (other than a parent) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to candidate: \_\_\_\_\_

\$60 Class Fee

Cash or Check (Check #) Date Paid: