

ST. PETER'S CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM
Physical Year _____

NAME OF STUDENT: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____

SACRAMENTS RECEIVED: (PLEASE CHECK)

Baptism () Reconciliation () 1st Holy Communion () Confirmation ()

PRIOR RELIGIOUS EDUCATION: (INDICATE NUMBER OF YEARS & GRADES)

FATHER'S NAME: _____

PHYSICAL ADDRESS: _____

P.O.BOX ADDRESS: _____

E MAIL ADDRESS (OPTIONAL) _____

PHONE NUMBERS: HOME _____ WORK _____

PLACE OF EMPLOYMENT: _____

RELIGION: _____

MOTHER'S NAME: _____

PHYSICAL ADDRESS: _____

P.O.BOX ADDRESS: _____

E MAIL ADDRESS (OPTIONAL) _____

PHONE NUMBERS: HOME _____ WORK _____

PLACE OF EMPLOYMENT: _____

RELIGION: _____

Emergency Contact Name & Cell Number:

OTHER CHILDREN IN THE FAMILY:

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

CONTINUE ON BACK (IF NEEDED)

*******FOR OFFICE USE ONLY*******

IS YOUR FAMILY REGISTERED IN THE PARISH? _____ YES _____ NO

RELIGIOUS FEES PAID: CHECK# _____ CASH _____

ASSIGNED TO RELIGIOUS EDUCATION LEVEL: _____

Note: \$15.00 Regular Registration / \$20.00 1st Holy Communion and Confirmation