

2020 - 2021
REGISTRATION
St. Peter's Child Development Center

(please print)

Child's Name _____
(Last) (First) (MI)

Name child is known by _____

Birthdate/Anticipated Birthdate _____ Age as of Sept. 1, 2020 _____

Gender: Female _____ Male _____ School last attended _____

Mailing Address _____

Parents or Guardians:

Mother's Name Mrs. Ms. Dr. _____

Name Mother is known by _____

Place of Employment _____ Work # _____ Cell # _____

Email _____

Occupation _____

Father's Name Mr. Dr. _____

Name Father is known by _____

Place of Employment _____ Work # _____ Cell # _____

Email _____

Occupation _____

Marital Status of Parents _____ If divorced, who has custody? _____

Person Responsible for Tuition _____

Siblings name & age _____

Name of siblings & school attending _____

Are you a registered, contributing member of St. Peter's Church? _____ Yes _____ No

Registered parishioner of another Catholic parish? _____ Yes _____ No

Name of Parish _____

Other _____

How did you hear about us? _____

Parent/Guardian Signature _____ Date _____

***\$155 Registration Fee* (annual; non-refundable)**

For Registrar's Use Only:

Registration Fee: _____ Date Rec'd: _____ Check No: _____ Parish Verification Form: _____

____ Infant Class ____ 1 Year Old Class ____ 2 Year Old Class ____ 3 Year Old Class ____ 4 Year Old Class