St. Peter's Church Religious Education Registration
2010-2011

Please Print Clearly

_____ _____ _____

Child's Last Name Child's First Name Child's Nickname

Male_____ Female_____ Child's Birthday _____/_____/_____

Mother's Name: _____ Father's Name:_____

First/Last/ Maiden First/ Last

Phone Number: _____ Cell Number:_____

Email Address: _____

Address/Number Street/City/Zip Code:_____

EMERGENCY INFORMATION: **Please other than parent. We will always call parents first.**

Contact person's name: _____ Phone Number: _____

Sacraments Received:

Baptism:

_____

Name of Church City, State, Country Date: Month, Day, Year

Reconciliation:

_____

Name of Church Date: Month, Year

First Holy Eucharist:

_____

Name of Church City, State, Country Date: Month, Day, Year

I understand that my child _____ is receiving Religious Education from St. Peter's Catholic Church.

Circle each year your child has received religious instruction: Pre-k K 1 2 3 4 5 6 7 8

What grade is your child attending in school? _____

Material Fees:

Sacraments: First Holy Eucharist/Confirmation 2nd year $75.00 for each students

**Payment plan available upon request & interview

$40.00 for the first student in the family and for each additional student $25.00 (if student is not receiving a Sacrament)