

Class group \_\_\_\_\_

Catechist \_\_\_\_\_

**SAINT PETER THE APOSTLE CHURCH**  
**RELIGIOUS EDUCATION PROGRAM**  
**NEW STUDENT**



Name of Child \_\_\_\_\_  
Last First Middle

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ at \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Home Number (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Step Parent or Guardian \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Religion \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in School \_\_\_\_\_

Please list any medical conditions that we should be aware. Please include any instructions for emergency procedures. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a registered member of Saint Peter's? ☐ Yes ☐ No

Registration Fee 2022-23 \$\_\_\_\_\_ (\$50 per child, \$125 for Families of 3 or more Children)

Supplies \$5 \_\_\_\_\_ per child

## SACRAMENT INFORMATION

Please fill in the information below. If your child was not baptized at Saint Peter's, it is necessary to have a Baptismal Certificate from the church of Baptism.

Church	Date	City	State
Baptism _____	____/____/____	_____	_____
First Penance _____	____/____/____	_____	_____
First Communion _____	____/____/____	_____	_____
Confirmation _____	____/____/____	_____	_____

Has your child previously attended any Religious Education Classes? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

How many Children will be enrolled in the Religious Education Program? Please list their names here.

_____	_____	_____
Last	First	Middle
_____	_____	_____
Last	First	Middle
_____	_____	_____
Last	First	Middle

Signature of Parent/Guardian:

\_\_\_\_\_ Date\_\_\_\_\_