



# St. Peter the Apostle Catholic Church

1019 N. 5<sup>th</sup> Street, Philadelphia, PA 19123

## RELIGIOUS EDUCATION REGISTRATION FORM

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT & PHONE: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF AND ANY  
INSTRUCTIONS FOR EMERGENCY PROCEDURES:**

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ARE YOU A REGISTERED PARISHIONER OF ST. PETER THE APOSTLE CHURCH? \_\_\_\_\_

PROGRAM REGISTRATION FEE: **\$55** (for families of 3 or more children - **\$125**)

PAID: \_\_\_\_\_

## SACRAMENT HISTORY

Please fill out the information below. If your child/ren was not baptized at St. Peter the Apostle Catholic Church, a baptismal certificate from the church s/he was baptized is required.

**CHURCH**

**DATE**

BAPTISM: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

1<sup>st</sup> PENANCE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

1<sup>st</sup> COMMUNION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PREVIOUSLY ATTENDED ANY RELIGIOUS EDUCATION CLASSES? \_\_\_\_\_

WHERE: \_\_\_\_\_

WHEN: \_\_\_\_\_

HOW MANY CHILDREN WILL BE ENROLLED IN OUR RELIGIOUS PROGRAM? \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**SIGNATURE OF PARENT / GUARDIAN:**

\_\_\_\_\_ DATE: \_\_\_\_\_