

Saint Peter Parish Office of Religious Education

2018-2019 Registration Form

Dear Parents,

Please fill-out this form for your children who will be attending Religious Education this Fall. In order to help fund this program, there is a \$25.00 fee per child or \$60.00 fee for a family of 3 or more children. These fees go towards the cost of the textbooks, space rental, and supplies. Checks can be made to "Saint Peter Parish." Know that no child will be turned away in the case of financial difficulty. Thank you!

Family Name: _____ **Number of children in Religious Education** _____

Primary Contact Information:

Address: _____

City _____ State _____ Zip _____

School District _____ Home phone: _____

E-mail address (So we can send information and forms via e-mail)

Parent Information:

Mother's name _____

Father's name _____

Maiden Name _____

Religion/ Denomination _____

Religion/ Denomination _____

Cell number _____

Cell number _____

Emergency Name and contact number if parents can not be reached: _____

Custody Agreements: Please note if the custody of any child in this family is subject to court ordered custody agreements: _____

In the case of shared custody, who is primarily responsible for religious education (to whom should letters and information be sent?) _____ Both Parents _____ Mother _____ Father _____ Guardian

Is there any other information we should know regarding custody?

Volunteer Information *(must have Protecting God's Children Clearances):*

If you are willing to consider volunteering some of your time to the religious education program, please note your area of interest (i.e. substitute teaching, helping with the soup supper or sacramental retreats)

Name _____ Contact number/ email _____

Area of volunteer interest: _____

Student #1 (Please begin with oldest child): _____ Male ___ Female

Full Name _____ Nickname _____

Birthdate ___/___/___ School _____ Grade in School (Fall 2018) _____

Sacrament Information:

Baptism: Church: _____ City/ State: _____

Reconciliation: Church: _____ City/ State: _____

Eucharist: Church: _____ City/ State: _____

Health, Medical, and Special Needs (i.e. Chronic health concerns, allergies, medications your child needs while in class, or special educational and/ or behavioral traits) _____

Note: Parents are welcome to contact the Religious Education office throughout the year if they would like to discuss or supplement medical information provided. If action needs to be taken for a medical concern, such as an epi-pen, please let us know.

Student #2 _____ Male ___ Female

Full Name _____ Nickname _____

Birthdate ___/___/___ School _____ Grade in School (Fall 2018) _____

Sacrament Information:

Baptism: Church: _____ City/ State: _____

Reconciliation: Church: _____ City/ State: _____

Eucharist: Church: _____ City/ State: _____

Health, Medical, and Special Needs (i.e. Chronic health concerns, allergies, medications your child needs while in class, or special educational and/ or behavioral traits) _____

Student #3 _____ Male ___ Female

Full Name _____ Nickname _____

Birthdate ___/___/___ School _____ Grade in School (Fall 2018) _____

Sacrament Information:

Baptism: Church: _____ City/ State: _____

Reconciliation: Church: _____ City/ State: _____

Eucharist: Church: _____ City/ State: _____

Health, Medical, and Special Needs (i.e. Chronic health concerns, allergies, medications your child needs while in class, or special educational and/ or behavioral traits) _____

Information on this form will remain confidential and will only be shared with Catechists for the safety and wellbeing of your child/ children. If you have any questions or concerns, please contact Katie Boosel at 724-794-2880 or education@rockcatholic.org.