

Each **NEW** student in the CCD Program must be enrolled on this form, regardless of whether other family members are already enrolled... **IF THE CHILD WAS NOT BAPTIZED AT ST. PETER, YOU MUST PROVIDE A COPY OF THE CHILD'S BAPTISMAL RECORD ...**

Family Information

Family Name:

Father's First & Middle Name:

Mother's First, Middle and Maiden Name:

Mailing Address (PO Box or Street, City, State, Zip):

Home Phone:

Emergency Phone:

Home Church, if not St Peter:

Email Address:

Student's Information

1. First & Middle Name (and last, if different):

Date of Birth:

Baptismal, 1st Reconciliation, and 1st Communion Information (Date, Church, City & State):

Grade:

School:

2. First & Middle Name (and last, if different):

Date of Birth:

Baptismal, 1st Reconciliation, and 1st Communion Information (Date, Church, City & State):

Grade:

School:

3. First & Middle Name (and last, if different):

Date of Birth:

Baptismal, 1st Reconciliation, and 1st Communion Information (Date, Church, City & State):

Grade:

School:

FOR OFFICE USE ONLY

Total Fees Paid:

Date Paid:

Received by: