

Class Options: Please fill in all requested information and check the Faith Formation option for each student registering.

PLEASE NOTE: *Sacramental Preparation (First Communion and Confirmation) is a two-year process.*

Student(s) Name/Nickname Please put a <input checked="" type="checkbox"/> next to your student's name if they are in their <u>SECOND</u> year of sacrament preparation for First Communion or Confirmation.	Returning student from 2024-25? (yes or no)	School Grade Fall 2025	Sunday 3:30 - 4:45 PM K – 6 th grade	Monday 3:30 – 4:45 PM 1 st – 6 th grade	Sunday 6:15 - 7:45 PM 7 th – 12 th grade Confirmation Preparation
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Emergency Contact Information & Photo/Video Release (Please read and sign)

Emergency contact (other than parent): _____ Relationship to student(s): _____

Phone #: _____ IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY, THE BEARER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR THE STUDENT(S) REGISTERED. _____ Please Initial

Photo/Video release: I hereby grant permission for my child to be photographed and/or videotaped during Faith Formation. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Faith Formation programs at SS. Peter & Paul Church.

Accept: _____ Decline: _____ Parent/Guardian Signature: _____ Date: _____

Registration Fees/Payment Information

Youth & Family Faith: \$80 X Total # of students \$ _____

Sacrament Prep Fee: \$50 X Total # of students \$ _____

(Year 2 First Communion and Confirmation student ONLY)

Total Fees Due: \$ _____

For Office Use Only

Date Received: _____ Amount Paid: _____

Check #: _____ Credit Card: _____ Cash: _____

Receipt Issued: _____ Payment Plan: _____ Calendar Given: _____

Email checked in PDS: _____ Email checked/added to Flocknote: _____

2025-2026 Youth & Family Faith Registration Form

SS. Peter & Paul Church

Student(s) Last Name _____ **Parent(s)/Guardian responsible for Faith Formation** _____

Address _____ City _____ Zip _____ ☐ Check here if this is a change in address since registering last year.

Family Email *(Please provide an address that you use regularly! You will receive updates on classes, activities, and other parish happenings through this address.)*

[illegible]

Parent/Guardian Information

First/Last Name	Relationship to Student(s)	E-mail Address (If not the same as above)	Phone #1	Phone #2

With whom does the student(s) live? ☐ Mom & Dad ☐ Mom ☐ Dad ☐ Part-time with Mom/Part-time with Dad ☐ Grandparent ☐ Other

Should Faith Formation mailings be sent to an additional address other than above? If yes, please provide: _____

Is SS. Peter & Paul Church your home parish? If SS. Peter & Paul is not your home parish, what church does your family attend? _____

Please circle: YES or NO

Student Information

A birth certificate and baptismal certificate is required for each child preparing for a sacrament, if not already on file.

Student(s) Name First Name/Last Name	M/F	Date of Birth MM/DD/YYYY	Has this child been baptized? (yes or no)	Has this child received First Communion? (yes or no)	Are there any allergies, medical concerns or any other information you feel would be important or helpful for us to know about this child? Please include if your child requires special accommodations during the school day. If none of these apply, please right NONE in the box.