

St. Peter Religious Education/Youth Ministry Registration - 2023-2024

Please fill out both sides of form, one per family.

Family Contact Information (please print legibly in ink)

If parent addresses are different, should information be sent to both households? Yes _____ No _____

Mother: _____ First & Last Name Address: _____ City/State/Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Primary Email: _____ Religion: _____	Father: _____ First & Last Name Address: _____ City/State/Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Primary Email: _____ Religion: _____
---	---

This information is kept confidential and will not be shared.

Student's <u>First</u> and <u>Last</u> Name	Grade 2023	School Attending	Birth Date	Please Check Sacraments Received			
				Baptism	Reconciliation	Communion	Confirmation

REGISTRATION FEES: \$45 per student. Registration fees are waived for families of Religious Education Teachers.

Are you a member of St. Peter ____ Yes or ____ No

FOR OFFICE USE ONLY

Amount Pd. \$ _____
 Ck. # _____ Cash _____

Please fill out the back side of this form.

I give permission for my child(s) picture to appear in St. Peter's bulletins, newsletters, bulletin boards, website and local newspapers - Yes _____ No _____

******Many helping hands and hearts are needed in order to maintain a successful Religious Education/Youth Ministry program.******
Please indicate below the areas where you would like to volunteer to help.

Team teach or help in classroom:

Gr. 1-5 _____

Gr. 6-8 _____

Gr. 9-12 _____

Retreats:

Reconciliation _____

First Communion _____

Confirmation _____

Extra Events _____

Receptions:

First Communion _____

Confirmation _____

*For the safety of your children, we would like to have the following medical information on file.
In the event of an emergency we will be able to help your children.*

During class time, in the event of an emergency, please contact parent/guardian (name) _____
at the following number or cell phone (where you can be reached during class time) _____

If you cannot reach us, please contact a friend or neighbor _____
at the following number _____

Medical information we should be aware of: *(allergies, food, medication, diabetes, etc.):*

Name _____

Name _____

Name _____

Please indicate any special learning or health needs which might be helpful to us in assuring that your son or daughter has a positive and productive experience here.
