

PERMANENT INFORMATION—*Please* PRINT clearly

PARISH ID NUMBER \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Married ☐ Civil ☐ Single ☐ Divorced ☐

\* If married by Church, Parish/City/State:

Religion: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address (If different of the above):

City \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Married ☐ Civil ☐ Single ☐ Divorced ☐

\*If married by Church, Parish/city/State: Same above ☐

Religion \_\_\_\_\_

EMERGENCY CONTACT ((Other than parent)

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

Relationship \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Alternate Phone( ) \_\_\_\_\_

Who is authorized to pick up your children

STUDENT INFORMATION

Please start with the oldest child. TODAY' DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M ☐ F ☐ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Has the child previously attended a Religious Program?

YES ☐ NO ☐ Last year attended \_\_\_\_\_

Church/City/State: \_\_\_\_\_

Sacraments received in the Catholic Church.

Baptism ☐ Reconciliation / Confession ☐

First Communion ☐ Confirmation ☐

Allergies or Medical Condition: NONE ☐ YES ☐

Explain \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M ☐ F ☐ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

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First Communion ☐ Confirmation ☐

Allergies or Medical Condition: NONE ☐ YES ☐

Explain \_\_\_\_\_

STUDENT INFORMATION

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School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M ☐ F ☐ Age \_\_\_\_\_

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Explain \_\_\_\_\_

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School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M ☐ F ☐ Age \_\_\_\_\_

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Baptism ☐ Reconciliation / Confession ☐

First Communion ☐ Confirmation ☐

Allergies or Medical Condition: NONE ☐ YES ☐

Explain \_\_\_\_\_

☐ **YES**, I consent information pertaining to my child sent to a parent residing at another address

NAME /ADDRESS \_\_\_\_\_

☐ **YES**, I would like any Religious Education notices sent to my E-mail address.  
E-mail \_\_\_\_\_



**FAMILY TIME AND TALENT CONTRIBUTION  
FOR THE RELIGION EDUCATION CALENDAR YEAR**

NAME OF VOLUNTEER \_\_\_\_\_

M ☐ F ☐ 14-17 ☐ 18-UP ☐

HOME PHONE ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

I would like to be a:

Teacher ☐ Aide ☐ Substitute ☐

Chaperone ☐ Teen Helper ☐

**\*ALL VOLUNTEERS 18 OR OLDER MUST COMPLETE  
PROTECTING GOD'S CHILDREN TRAINING.**

Now Online - Please check the website  
[www.ceorockford.org](http://www.ceorockford.org)

**FAMILY FINANCIAL CONTRIBUTION  
FOR THE RELIGION EDUCATION CALENDAR YEAR**

**1. BIBLE:** \$35 ☐  
(Optional purchase)

**2. TUITION**  
1 Child \$100 ☐  
2 Children or more 120 ☐

**3. HOME STUDY:** 100 ☐

**4. SACRAMENTAL FEES:**  
\$30 per person  
  
First Communion 1 ☐ 2 ☐ \_\_\_\_\_  
Confirmation 1 ☐ 2 ☐ \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**\*Please make checks payable to: ST. PETER CHURCH**



OFFICE USE ONLY		
DATE	AMOUNT	CHECK/CASH

**SAINT PETER CATHOLIC CHURCH**

620 Blackhawk Boulevard  
South Beloit, IL 61080



**REGISTRATION FORM**



**Religious Education**

325 Oak Grove Ave  
South Beloit, IL 61080  
(815) 525-3400 X206  
StPeterReligioused@yahoo.com

**Families attending Saint Peter  
Religious Education  
Must be Parish registered members**

Please submit with RE Registration Form:

♦ **Parish Registration Form**  
—if not a member of this Parish

♦ **Copy of Baptismal Certificate**  
—new students not baptized in this parish