



Sts. Peter and Paul Catholic Church
800 Kaheka Street
Honolulu, Hawaii 96814
(808) 941-0675

Faith Formation Registration Form
2025 – 2026
Kindergarten through 8th Grade
Year 1 or Year 2

Name of Child _____ Grade _____
First Middle Last

___ Male ___ Female

Date of Birth _____ Place of Birth _____
Month Day Year City State Country

___ My child is **not** baptized.

___ My child was baptized at* _____
Church and State

on _____
Date of Baptism

Please attach Baptismal Certificate

___ My child received First Eucharist at _____ on _____
Church Date

___ My child **has not** received First Eucharist.

___ My child received the Sacrament of Confirmation at _____ on _____
Church Date

___ My child **has not** received the Sacrament of Confirmation.

I understand that I must submit required forms to be enrolled in the catechetical program.

If I cannot drop-off or pick-up my child for classes, I designate the following contacts:

Designated Drop-Off Contact: _____ Relation: _____ Phone# _____

Designated Pick-Up Contact: _____ Relation: _____ Phone# _____

Please complete back page for Family and Emergency Contact Information



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Family and Emergency Contact Information

Mother's Name _____

Address _____

Home Phone #

Cell/Mobile Phone #

Email Address

Father's Name _____

Address _____

Home Phone #

Cell/Mobile Phone #

Email Address

Guardian's Name _____

Address _____

Home Phone #

Cell/Mobile Phone #

Email Address

In the event my child becomes ill or injured and I cannot be contacted, the parish authorities have permission to contact and release my child to the custody of the individuals listed below.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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Family Physician _____ Hospital _____

If my child needs to be taken to an emergency facility, my child will be taken to the nearest facility. I give my consent for parish authorities to take appropriate action for the safety and welfare of my child.

___ No, my child does not receive regular care for a medical condition.

___ Yes, my child receives regular care for a medical condition. Please describe your child's medical condition:

My child is allergic to _____

Daily Medications _____

Parent's Signature _____ **Date** _____

Guardian's Signature _____ **Date** _____



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Digital Ministry & Photo Consent:

I grant permission for my son/daughter _____ to participate in Sts. Peter & Paul Faith Formation activities and receive digital communication/text messages/email from the Parish Faith Formation Program. Note: Parents will always receive the same text message/email.

From time to time, pictures and video may be taken of parish faith formation ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/legal guardian(s) of youth registered above give permission for my youth to participate in approved digital ministry communication and authorize and give full consent, without limitation or reservation, to Sts. Peter and Paul Parish Honolulu, to publish any photograph or video in which the above-named student appears while participating in any program associated with the parish faith formation program. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent's Signature _____ **Date** _____

Guardian's Signature _____ **Date** _____