

St. Peter's Parish Registration

Religious Education Program 2025-2026

Family Last Name:

Phone: 845-452-8580; ext. 3
171 Salt Point Turnpike
Poughkeepsie, NY 12603
Email stpppoffice@gmail.com

Responsible Parent/Legal Guardian: _____ Religion: _____

Address: _____

Cell Phone: _____ Email: _____

Child(ren) resides with: (*Mother & Father; Mother; Father; Other/specify*) _____

Are you registered with St. Peter's? Y / N Envelope # _____ WeShare: _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Address: _____

Cell Phone: _____ Email: _____

Father's Name: _____ Religion: _____

Address: _____

Cell Phone: _____ Email: _____

EMERGENCY CONTACT: _____ Relationship to child/ren _____

Address: _____

Cell Phone: _____ Email: _____

Registration Fee: \$225 per nuclear family by July 31st; \$250 per nuclear family after July 31st.

Other Fees: \$70 First Holy Communion; \$125 Confirmation.

****Please make checks payable to: St. Peter's Church. *If paying by cash please bring exact amount.* ****

OVER



Media Release Authorization: I give my permission to St. Peter's Religious Education program to photograph or video tape my child(ren) to be used for internal purposes and will not be released to the public without specific consent. Checking "NO" disallows any class picture or use of your children's image in any church bulletins or presentations. YES _____ NO _____

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Number of Children Enrolled: _____

Baptismal Certificate(s) Submitted? _____

Sacraments Needed:

Baptism: _____ x _____

FHC: _____ x _____

Con: _____ x _____

Date: _____ Received by: _____

Paid by: Cash _____ Check _____ Check # _____

Amount Received: _____

Balance Due: _____

PLEASE FILL OUT ONE SECTION FOR EACH CHILD.

Oldest Child's Full Name: _____ **DOB:** _____
School: _____ **Grade (September 2025)** _____
Was the child enrolled in a Religious Education program last year? Y/N _____ **If yes, where** _____
Does the child have special learning needs? _____
Medical Conditions, Allergies, Medications? _____

SACRAMENTAL INFORMATION: You MUST provide the original document as proof.

Date of Baptism _____ **Parish/Location:** _____
Date of First Communion _____ **Parish/Location:** _____

Second Child's Full Name: _____ **DOB:** _____
School: _____ **Grade (September 2025)** _____
Was the child enrolled in a Religious Education program last year? Y/N _____ **If yes, where** _____
Does the child have special learning needs? _____
Medical Conditions, Allergies, Medications? _____

SACRAMENTAL INFORMATION: You MUST provide the original document as proof.

Date of Baptism _____ **Parish/Location:** _____
Date of First Communion _____ **Parish/Location:** _____

Third Child's Full Name: _____ **DOB:** _____
School: _____ **Grade (September 2025)** _____
Was the child enrolled in a Religious Education program last year? Y/N _____ **If yes, where** _____
Does the child have special learning needs? _____
Medical Conditions, Allergies, Medications? _____

SACRAMENTAL INFORMATION: You MUST provide the original document as proof.

Date of Baptism _____ **Parish/Location:** _____
Date of First Communion _____ **Parish/Location:** _____

Fourth Child's Full Name: _____ **DOB:** _____
School: _____ **Grade (September 2025)** _____
Was the child enrolled in a Religious Education program last year? Y/N _____ **If yes, where** _____
Does child have special learning needs? _____
Medical Conditions, Allergies, Medications? _____

SACRAMENTAL INFORMATION: You MUST provide the original document as proof.

Date of Baptism _____ **Parish/Location:** _____
Date of First Communion _____ **Parish/Location:** _____