

**ST. PETER CATHOLIC CHURCH**  
**NEW STUDENT RELIGIOUS EDUCATION REGISTRATION GRADES 1-6**

*Please Print legibly*

Date \_\_\_\_\_ Parish Registration # \_\_\_\_\_ Parent's Email \_\_\_\_\_

Child's Legal Name \_\_\_\_\_

*First*

*Middle*

*Last*

Birth Date \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth (*City/State/Zip*) \_\_\_\_\_ Country \_\_\_\_\_

**Sacraments**

Baptism Date \_\_\_\_\_ Catholic Yes  No

Church of Baptism \_\_\_\_\_

Address of Church \_\_\_\_\_

City/State/Zip code \_\_\_\_\_ Country \_\_\_\_\_

*Copies of Baptismal and  
Communion Certificates are  
required at the time of registration*

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_

City, State and Country \_\_\_\_\_

**Parent/ Guardian Information**

Father's full name \_\_\_\_\_ Religion \_\_\_\_\_

Baptized? Yes  No  First Communion? Yes  No  Confirmed? Yes  No

Mother's full name \_\_\_\_\_ Religion \_\_\_\_\_

Baptized? Yes  No  First Communion? Yes  No  Confirmed? Yes  No

**Mother's Maiden name** \_\_\_\_\_

Are mother and father married in the Roman Catholic Church? Yes  No

Divorced? Yes  No  Separated? Yes  No  Annulled? Yes  No

If divorced, separated or annulled who has custody? \_\_\_\_\_

Mailing address \_\_\_\_\_

City

Zip

Home address \_\_\_\_\_

*(If differing from mailing)*

Home Phone ( ) \_\_\_\_\_ Other E-mail \_\_\_\_\_

Cell Phone/Mom ( ) \_\_\_\_\_ Dad( ) \_\_\_\_\_

Work Phone/Mom ( ) \_\_\_\_\_ Dad( ) \_\_\_\_\_

**Other information**

Emergency Contact Person (other than parents) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Special Circumstances: (health issues/restrictions, medications, weekend visitations, need for Baptism or First Communion) \_\_\_\_\_

Names and ages of other siblings; \_\_\_\_\_

**RELEASE**

I/We, the parents,/guardians of the aforementioned child hereby give my/our permission to his/her participation in any and all religious education activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of religious education personnel responsible for religious education activities.

I/We agree, that in the event my/our child is injured as a result of his/her participation in religious education activities, including transportation to and from these activities, not caused by the negligence of the parish/school religious education program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be made against any accident, hospital or medical insurance, or any available benefit of mine/ours .In the event we cannot be reached in an emergency, I/we hereby give permission for the adult leader to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child. I also authorize the taking of photographs or other memorializing of said Religious Education classes/events and activities and my sons/daughters participation therein and the publication or other use thereof. I hereby waive any right to compensation or any rights I otherwise might have to limit or control such making or use.

Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Class days and times. Class sizes are limited, and filled on a first-come, first-serve basis. Please indicate your first (1st) choice

1<sup>st</sup> - 6<sup>th</sup> Grade Tues 3:45—5:00pm \_\_\_\_\_ Wed. 3:00—4:15pm \_\_\_\_\_

**FEES**

**PLEASE BE INFORMED FEES ARE FOR 1<sup>ST</sup>-6<sup>TH</sup> GRADE ONLY. DISCOUNTED AMOUNTS ONLY APPLY TO A 2<sup>ND</sup> OR 3<sup>RD</sup> CHILD ENROLLED IN 1<sup>ST</sup>-6<sup>TH</sup> GRADE. It does *not apply* if you have a child enrolled in the pre confirmation or confirmation program 7<sup>th</sup> -high school, those are separate fees. Please contact Bettyann Motylewski (650)359-7178 for information about grades 7<sup>th</sup>-high school**

**EARLY BIRD Registration Fee ends JULY 31, 2016**

\_\_\_\_\_ 1 child \$140.00 \_\_\_\_\_ 2 children \$180.00\* \_\_\_\_\_ 3 or more children \$205.00\*

**\*DISCOUNT FOR MORE THAN ONE CHILD APPLIES ONLY TO GRADES 1<sup>ST</sup> – 6<sup>TH</sup>**

**Registration Fee starting AUGUST 01, 2016**

\_\_\_\_\_ 1 child \$155.00 \_\_\_\_\_ 2 children \$195.00\* \_\_\_\_\_ 3 or more children \$230.00\*

**\*DISCOUNT FOR MORE THAN ONE CHILD APPLIES ONLY TO GRADES 1<sup>ST</sup> – 6<sup>TH</sup>**

**First Reconciliation\Eucharist Preparation: Second Year grade 2 or older \_\_\_\_\_ (Additional \$60.00 fee for materials)** *Currently our Program is a two year program, starting in the 1<sup>st</sup> grade. To receive First Communion in the spring 2017, the student must be in the 2<sup>nd</sup> grade at a minimum and have successfully completed one year of Religious Education last year with good attendance.*

If you have more then one child in grades 1-6 please fill out a separate enrollment form for each child and attach them together. **If you have a child in Pre-K or Kindergarten, please contact Sister Hilda at 650 359-6313 ext. 16 for enrollment information.**

*If you have a child entering 7<sup>th</sup> grade –high school there are separate forms and separate fee’s Please contact Bettyann Motylewski (650)359-7178 for information about grades 7<sup>th</sup>-high school*

**Please make checks payable to: St. Peter Religious Education and return with completed form**  
**If your child is in the 4<sup>th</sup> grade or above for 2016/2017 make sure you attach a copy of their Shield the Vulnerable certificate. [www.shieldthevulnerable.org/default.asp](http://www.shieldthevulnerable.org/default.asp)**

**St. Peter Catholic Church Elementary Religious Education**

**700 Oddstad Boulevard. Pacifica, CA 94044 (650) 359-5000 [www.stpeterpacific.org](http://www.stpeterpacific.org)**

**+++++ FOR OFFICE USE ONLY +++++**

Date Received \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Amt. \_\_\_\_\_ Balance \_\_\_\_\_