

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 _____

Birth Date _____ Grade in Sept. _____ School _____ Age _____
First Middle Last

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 () _____ 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

1st - 6th Grade Tues 3:45—5:00pm _____ Wed. 3:00—4:15pm _____

FEES

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

Early Bird Registration Fee **ends July 31, 2017**

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

Registration Fee **starting Aug. 01, 2017**

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

***DISCOUNT FOR MORE THEN ONE CHILD APPLIES ONLY TO GRADES 1ST – 6TH**

First Reconciliation\Eucharist Preparation: Second Year grade 2 or older _____ (Additional \$65.00 fee for materials) *Currently our Program is a two year program, starting in the 1st grade. To receive First Communion in the spring 2016, the student must be in the 2nd 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 7th grade –high school there are separate forms and separate fee’s Please contact Bettyann Motylewski (650)359-7178 for information about grades 7th-high school

Please make checks payable to: St. Peter Religious Education and return with completed form
If your child is in the 4th grade or above for 2017/2018 make sure you attach a copy of their Shield the Vulnerable certificate. www.shieldthevulnerable.org/default.asp

St. Peter Catholic Church Elementary Religious Education

700 Oddstad Boulevard. Pacifica, CA 94044 (650) 359-6313 www.stpeterpacific.org

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

Date Received _____ Cash or Check # _____ Amt. _____ Balance _____