

THIS FORM IS ONLY FOR A RETURNING STUDENT Grades 1-6
St Peter Catholic Church Elementary Religious Education
Returning Student 2017/2018
700 Oddstad Boulevard. Pacifica, CA 94044
(650) 359-6313 www.stpeterpacific.org

Please print legibly

Date _____ Parent's Email _____

Child's Legal Name _____

First Middle Last

Grade in Sept _____ School _____ Date of Birth _____

Home Phone () _____ E-mail _____

Cell Phone/Mom () _____ Dad() _____

Work Phone/Mom () _____ Dad() _____

1st Emergency Contact Person other than parents _____

home phone() _____ cell phone() _____ Relationship _____

2nd Emergency Contact Person other than parents _____

home phone() _____ cell phone() _____ Relationship _____

Special Circumstances: (health issues/restrictions, medications, custody restrictions etc..)

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 sizes are limited, and filled on a first-come, first-serve basis. Please indicate your first (1st) choice and if the student are in grade 2 or older and are in their 2nd year of preparing for First Communion. **Parents of students who are in their second year of preparation for First Reconciliation and Eucharist need to make an appointment to meet with the Director before they will be considered officially enrolled.**

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

(Please see fee schedule on other side of form, **Early Bird registration fees end July 31, 2017**)

_____ in 2nd grade or older and in their 2nd year of preparation for First reconciliation and Eucharist

FEES

PLEASE BE INFORMED 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 grades 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*grades 1st -6th only _____ 3 or more children \$205.00*
grades 1st -6th only

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

_____ 1 child \$155.00 _____ 2 children \$195.00*grades 1st -6th only _____ 3 or more children\$230.00*
grades 1st -6th only

First Reconciliation\Eucharist Preparation: Second Year _____ (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 2017, the student must be in the 2nd grade at a minimum and have successfully completed one year of Religious Education last year at our Parish 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 who **did not attend this past year 2016-2017 in grades 1-6th** you will need to complete a "New Student Form" and attach a copy of their baptismal certificate*

IF YOU HAVE A CHILD ENTERING 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 to the Religious Education Office or to the Parish office, labeled: Elementary Religious Education.

If paying cash please make sure you are issued a receipt.

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

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

Date Received _____ Number of children enrolling _____
Names and grade of other children _____

Total amount of payment enclosed \$ _____ Check # _____
 Cash receipt # _____ Shield the Vulnerable completed _____
Balance \$ _____ Received by _____

INFORMATION STILL NEEDED/COMMENTS
