

**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 2<sup>nd</sup> 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.***

1<sup>st</sup> – 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 2<sup>nd</sup> grade or older and in their 2<sup>nd</sup> year of preparation for First reconciliation and Eucharist

**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 grades 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, 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 1<sup>st</sup> -6<sup>th</sup> only      \_\_\_\_\_ 3 or more children\$230.00\*  
grades 1<sup>st</sup> -6<sup>th</sup> only

**First Reconciliation\Eucharist Preparation: Second Year \_\_\_\_\_ (Additional \$65.00 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 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 1-6<sup>th</sup>** 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 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 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 4<sup>th</sup> grade or above for 2017/2018 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) 359-6313 [www.stpeterpacific.org](http://www.stpeterpacific.org)**

**+++++ 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**

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