

**ST. PETER CATHOLIC CHURCH  
RELIGIOUS EDUCATION REGISTRATION  
GRADES PRE-KINDER AND KINDERGARTEN**

*Please Print legibly*

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

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

Birth Date \_\_\_\_\_  
*First Middle Last*  
Grade in Sept. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

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

**Sacraments**

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

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

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

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

City/State/Zip code \_\_\_\_\_ 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 different 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.

Pre-kinder and Kindergarten Wednesdays. 3:00—4:15pm \_\_\_\_\_

**FEE**

**Registration Fee for this year 2016-2017**

1 child \$75.00

(If you have any question or more than one child in the program, please fill free to call or email me. Sr. Hilda Sandoval MFP (650)359-6313 ext. 16 [sthilda@gmail.com](mailto:sthilda@gmail.com) )

**Please make checks payable to: St. Peter Religious Education and return with completed form to the Parish office.**

**St. Peter Catholic Church Pre-Kinder and Kindergarten Religious Education  
700 Oddstad Boulevard. Pacifica, CA 94044 (650) 359-6313 [www.stpeterpacific.org](http://www.stpeterpacific.org)**

