

**ST. PETER CATHOLIC CHURCH
NEW STUDENT RELIGIOUS EDUCATION REGISTRATION
GRADES PRE-KINDER AND KINDERGARDEN**

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 _____

*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 _____

FEES

PLEASE BE AWARE THAT THIS YEAR WE WILL REQUIRE YOU TO PAY FOR PRE-KINDER AND KINDERGARDEN.

Registration Fee for this year 2017-2018

_____ 1 child \$75.00 _____ 2 children \$100.00* _____ 3 or more children\$125.00*

*DISCOUNT FOR MORE THEN ONE CHILD APPLIES TO PRE-KINDER AND KINDERGARTE.

If you have more than one child please fill out a separate enrollment form for each child and attach them together.

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 ext. 16
www.stpeterpacifca.org**

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

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