

**St. Peter Roman Catholic Church 2011-2012
Registration for Religious Formation Program**

Registration Date _____
(PLEASE PRINT)

STUDENT FULL NAME: _____

Grade _____ School _____

Birth Date _____ Sex: **MALE** **FEMALE**
(CIRCLE ONE)

Address:

• Mailing Address _____ City _____ Zip _____

• Home Phone Number _____

Emergency Contact Name _____)*Emergency Phone # _____
(neighbor, grandparent, friend, relative)

Sacraments your child **has already** received:

____Baptism ____First Confession ____First Communion ____Confirmation

Medical information:

- Description of any medical problems including but not limited to Allergies, Diabetes, Epilepsy, ADD/ADHD, Learning or Behavioral Disorders, etc.

Is your child on medication on a daily basis? _____ Does your child have any type of special needs? _____
Explain : _____

Parent's information: ____Married ____Divorced ____Separated ____ Single ____ Remarried

Child lives with: (circle the one that applies to your circumstances)

Mother & Father Single Mother Single Father Mother & Step Father Father & Step Mother
GrandParents Guardian

Mother's Name _____ Cell # _____ Religion _____

Father's Name _____ Cell # _____ Religion _____

Name of Step-Parent _____

Guardian's Name _____ Guardian's Cell Phone # _____

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| <p>FOR OFFICE USE ONLY:</p> <p>Fees are \$30.00 per year/ per child. Students making First Communion: + \$8.00 First Communion Fee _____ amount Paid\$ _____ <u>Make Checks payable to St. Peter</u></p> <p>Account Type: A- Check _____ Check Number _____ Check Amount \$ _____ B- Cash _____ Amount \$ _____ Number of students paying for: 1 2 3 4+</p> <p>Balance _____</p> |
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Are you a registered member of St. Peter Roman Catholic Church?

- Yes ____ No ____
- Envelope Number _____
- If you are not a member you must register with the parish, or present a letter allowing you to participate in our program from your pastor.

E-mail:

E-mail address of parent: _____

E-mail of student of any: _____

Photo/Video Release Waiver:

I grant to St. Peter Roman Catholic Church (collectively the “sponsor,”) its

Representatives and employees the right to take photographs and video of my child

_____ at any and all activities associated with the sponsors, to be used for promotional purposes. I authorize St. Peter Roman Catholic Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that St. Peter Roman Catholic Church may use such photographs and video of my child, taken at any event associated with the sponsors, in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition or any other lawful purposes.

I have read and understand the above:

Signature of parent/guardian:
