



## Student Information

Name ..... DOB .....

Grade in 2021-22: PreK3 | PreK4 | Kinder | 1st | 2nd | 3rd | 4th | 5th

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## Sacramental Information

Do any of the children need sacraments?  YES  NO

*If you answered YES, an additional form will be provided to complete registration.*

## Parent Information

Mother's Name ..... Mother's Phone .....

Father's Name ..... Father's Phone .....

Address.....

City.....State.....Zip.....

Preferred Email for Communication .....

Secondary Email (optional) .....

I prefer communication in English | Spanish

## Payment Information

We accept cash, check, Visa, Mastercard and Discover. A \$20 deposit is required at the time of registration. No one is ever denied participation due to finances. Payment plans are available. Please complete the section below to set up a payment plan.

***I agree to make a \$20.00 deposit today and to make ..... equal payments in the amount of \$..... on the .....day of each month (max of 6 monthly payments).***

.....  
Parent Signature

.....  
Parent Name (printed)

.....  
Date

<b>For Office Use Only</b>			
REC.....	PAID.....	OFC.....	NOTE.....

## Class Selection

My child(ren) will attend class in person on  Sun. 10:00am  Mon. 6:30pm.

## Medical Information

Does your student have any allergies (seasonal, medications, food, etc.)?  
.....

Current prescription medications or medical conditions we should know about:  
.....

In case of an emergency, and neither parent is available, please notify:

Name	Relationship	Phone
.....	.....	.....
Name	Relationship	Phone

## Releases

As the parent/guardian of the child(ren) listed on this form,

Yes No

- I understand that if my child(ren) will not be preparing for a sacrament, I must complete the *Faith Formation Covenant* form.
- I understand that if my child(ren) will be preparing for a sacrament, I must complete the separate form, *Sacramental Information and Covenant*.
- My child(ren) has my consent to attend any and all activities and programs sponsored in coordination with the Office of Faith Formation at Sts. Peter & Paul Catholic Church, New Braunfels, TX, for the calendar year 2020-2021.
- I release the Office of Faith Formation, Sts. Peter and Paul Catholic Church, and the Archdiocese of San Antonio from any liability for injuries (including death) sustained by my child(ren) in connection with or arising out of my child(ren)'s participation in the programs and/or activities while he/she is under the supervision of the sponsors of these programs/activities.
- I grant my permission for any responsible adult to give emergency medical treatment to my child in case of an accident.
- I acknowledge and agree that photographs of my child(ren) may be used on the parish website as well as publications or materials produced by the Office of Faith Formation for the purpose of advertising.
- Sts. Peter and Paul Catholic Church is dedicated to preventing the transmission of COVID-19. We are following CDC guidelines for sanitation, social distancing and face coverings. Even with these precautions, infections are still possible and may result in serious illness or even death. If you have concerns about your child's safety or your child or someone in your household is in a vulnerable population, you may opt to have your child participate in religious education on-line or by correspondence. If you have questions about whether your child or a family member are in a vulnerable population, please visit the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations.html>.

.....  
Parent Signature

.....  
Parent Name (printed)

.....  
Date