

# St. Peter's Religious Education

## Registration Form

Child's Full Name \_\_\_\_\_

Mother's Full Name (including Maiden Name) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Gender \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Names of adults the child lives with \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (C) \_\_\_\_\_ (C) \_\_\_\_\_

Person to call in an emergency (when adults above cannot be reached)

Name \_\_\_\_\_ phone# \_\_\_\_\_

Child is entering Level \_\_\_\_\_ in Religious Education this year.

Child attends \_\_\_\_\_ School District and is entering the \_\_\_\_\_ grade.

Does the child have any special needs that the Catechist should be made aware of? Y or N

If so, what \_\_\_\_\_

\_\_\_\_\_

PREVIOUS RELIGIOUS EDUCATION (IF ANY) \_\_\_\_\_

\_\_\_\_\_

Sacraments Received    Date Sacrament was received    Church where sacrament was received

\_\_\_ BAPTISM                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_ FIRST PENANCE                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_ FIRST EUCHARIST                      \_\_\_\_\_                      \_\_\_\_\_

\*A copy of the Baptismal Certificate should be attached if the child was not Baptized here at St. Peter's Church.

Please return this form along with Registration Fee (\$40-one child and \$20 for each additional child) to Laure Valentine c/o St. Peter's Church 264 North Main Street Liberty, NY 12754.    Checks should be made payable to St. Peter's Church.