Saint Peter's School of Religion
RCIC 2021-2022

If you have any questions, contact Cindy Dixon for RCIC at 301-570-4952 or cindy.dixon@stpetersolney.org

Student information (please print clearly)

Participant's Name:_____ Birth date:____/____/____ Sex: M/F
First Last month date year

Address:_____
Street City State Zip

Home Phone:_____ Cell Phone:_____

Email:_____

School:_____Grade this year:_____

Religion: _____ Place of Birth (city, state) _____

Sacramental Information:

Please **circle** the Sacraments seeking: Baptism, Penance, Eucharist, Confirmation

**If child has received any of these Sacraments already please provide the following:*

Baptism: (provide copy of certificate) Circle one: Catholic Non-Catholic

Date: _____ Name of Priest/Minister: _____

Name of Church:_____ Godparent(s)'/Sponsor(s)' Names:

Address:_____ _____

_____ _____

First Penance:

Date: _____ Name of Church: _____

First Communion:

Date: _____ Name of Church: _____

*How many years of Religious Education has the student completed? _____

Parent(s) Information: **(Registered in what parish _____)**

Mother's Name:_____
First **Maiden** Last

Home Phone:_____ Cell Phone:_____

Religion:_____ Email: _____

Father's Name:_____
First Last

Home Phone:_____ Cell Phone: _____

Religion:_____ Email: _____