

2021-2022 Saint Peter Catholic Church Faith Formation Registration

Please Register by July 30, 2021

Family Name _____

Last Name

Father & Mother or Guardian

Child's last name if different _____

Address _____ City _____ Zip _____

Phone (_____) _____ Email _____

Emergency Contact Name and Phone _____

Please provide us with the email address you would like information sent to. **This is important as most of our communication is done via email.** Your phone number and email address will be kept confidential and used only for communication from Saint Peter Catholic Church, Forest Lake, Minnesota. If any of your contact information changes during the year, please notify us. Thank you.

*** St. Peter **DOES HAVE** my permission to use my child's photo in church publications (such as church communication, faith formation communication, church bulletin boards) _____ (initial please)

Sessions Available:

Sunday School (must be age 3 by Sept. 1, 2021)

Sundays during the 9:30 a.m. Mass

Grades 1-6 Program Session

Wednesday: 5:30 p.m. – 6:45 p.m.

Grade 1-6 Home Study

Confirmation Sessions:

Confirmation Year I – 3 Scheduled Wednesday's a month 7 p.m. – 8:15 p.m.

Confirmation Year 2 – 4 Scheduled Wednesday's a month 7 p.m. – 8:15 p.m.

Confirmation Home Study Year One and Year Two

Child's Name _____ Grade _____ Birthdate ____ / ____ / ____ Sex M_F_

Program Session _____ Home School _____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism, or other.

Child's Name _____ Grade _____ Birthdate ____ / ____ / ____ Sex M_F_

Program Session _____ Home School _____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism, or other.

Child's Name _____ Grade _____ Birthdate ____ / ____ / ____ Sex M_F_

Program Session _____ Home School _____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism, or other.

Child's Name _____ Grade _____ Birthdate ____ / ____ / ____ Sex M_F_

Program Session _____ Home School _____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism, or other.

Side 1: Please complete both sides of this form. Use the back for additional children.

Please return by July 30, 2021



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Side 2: (Please complete Side 1 first.) Please complete both sides of this form.

Additional Children:

Child's Name _____ Grade _____ Birthdate ____ / ____ / ____ Sex M_F
Program Session _____ Home School _____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism, or other.

Child's Name _____ Grade _____ Birthdate ____ / ____ / ____ Sex M_F
Program Session _____ Home School _____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism, or other.

PLEASE COMPLETE THIS SECTION: Incomplete forms will delay classroom placement and start date. Registrations and payments should be made online at <https://stpeterfl.weshareonline.org/>. For questions, please contact Sue Fast at [651-982-2238](tel:651-982-2238) or sfast@stpeterfl.org.

The tuition for Sunday School is \$55 per child. (Age 3 by September 1, 2021 through Kindergarten)

The tuition for Grades 1-6 and the Confirmation Program is as follows:

1 student = \$95.00

2 students (*from the same family*) = \$190

3+ students (*from the same family*) = \$260.00 (*family maximum payment amount*)

Home School requests cost the same per student and registration will be followed up with a phone call from the Faith Formation Director or Confirmation Coordinator.

Payment enclosed _____ Bill me _____

** We request financial aid in the amount of \$ _____

Office use only:

Date of check _____ Amount paid _____ Check #/Cash _____ Received by _____

Date of check _____ Amount paid _____ Check #/Cash _____ Received by _____

Date of check _____ Amount paid _____ Check #/Cash _____ Received by _____

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stpeterfl.org/faithformation



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