

ST. PETER THE FISHERMAN CATHOLIC PARISH

3201 Mishicot Rd Two Rivers WI 54241

Date: _____

FAITH FORMATION REGISTRATION FORM

FAMILY INFORMATION Please print all information clearly

Father: _____ Mother: _____

Street Address: _____ Street Address if different: _____

City/State Zip: _____ City/State Zip: _____

Place of Employment: _____ Place of Employment: _____

Father's Email (required) _____ Mother's Email (required) _____

Cell / Home Phone: _____ Cell / Home Phone: _____

Religion: _____ Religion: _____

Marital Status: Single Married Divorced Widowed Mother's maiden name: _____

Address Mail to: Mother Father Both Other

Are you a registered member at St. Peter the Fisherman? Yes No If NO, in what parish are you registered: _____

STUDENT INFORMATION

SCHOOL YEAR 2021-2022

All First Grade Students and those not baptized in Two Rivers please attach a copy of your Baptism Certificate

Student Name Last: _____ School Attending in fall: _____ Grade: _____

First: _____ Date of Birth: _____

Male _____ Female _____ Age: _____ City/State of Birth: _____

Baptism: Church: _____ Date: _____ City: _____ State: _____

Reconciliation: Church: _____ Date: _____ City: _____ State: _____

1st Communion: Church: _____ Date: _____ City: _____ State: _____

Special Needs: dietary, medical, learning, physical: _____

Emergency Contact/ Name, Phone # and relationship to child(required):

Office use only

Tuition Due	_____	Amount Pd.	_____	Ck#	_____	Date	_____
Sacrament Fees	_____	Amount Pd.	_____	Ck#	_____	Date	_____
Paying with Scrip	_____	Amount Pd.	_____	Ck#	_____	Date	_____
Total	_____	Amount Pd.	_____	CK#	_____	Date	_____

RELEASE STATEMENT

I hereby grant permission for my child(ren) to be photographed and/or videotaped during ministry activities and events. I understand that my child(ren) may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or video footage to be edited, if necessary, and published and/or broadcast for the purposes of promoting ministry and /or youth programs at St. Peter the Fisherman Parish.

Permission Granted _____ Yes, I grant permission as stated above.

_____ No, my child may not be photographed or videotaped under any circumstances.

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FAITH FORMATION REGISTRATION FORM
Please print clearly

STUDENT INFORMATION **School Year 2021-2022**

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First: _____ Date of Birth: _____
Male _____ Female _____ Age: _____ City/State of Birth: _____

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1st Communion Church: _____ Date: _____ City: _____ State: _____

Special Needs: dietary, medical, learning, physical: _____

STUDENT INFORMATION **School Year 2021-2022**

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Male _____ Female _____ Age: _____ City State of Birth: _____

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Reconciliation Church: _____ Date: _____ City: _____ State: _____

1st Communion Church: _____ Date: _____ City: _____ State: _____

Special Needs: dietary, medical, learning, physical: _____

Tuition and Fees

Tuition \$80 1 child One child _____
\$140 2 or more 2 or more _____

Sacrament Fees (not payable with SCRIP)
1st Reconciliation/1st Communion \$35.00 per student _____

Confirmation \$60.00 per child _____

OR

I will purchase SCRIP to pay tuition **YES**

SCRIP profit must equal the tuition amount.

I understand I will be required to pay the balance **NOT this year**

if profit amount is not met.

Total Due (if paying by check/cash): _____