

St. Peter's Church
 Religious Education Program
 12 Father Cody Plaza, Poughkeepsie, NY 12601
 (845)264-0693

2020-2021 Registration

Family Name: _____
 Street Address: _____
 City & State: _____ Zip: _____
 Home Phone: _____ Email: _____
 Registered at St. Peter's? _____

Biological Father's Name: _____ Cell Phone: _____ Business Phone: _____ Religion: _____ Marital Status: _____	Biological Mother's Name: _____ Maiden Name: _____ Cell Phone: _____ Business Phone: _____ Religion: _____ Marital Status: _____
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Legal Guardian, if not biological parents (must show legal papers) Y N

Name: _____ Relationship to child: _____
 Address: _____ City, State _____ Phone _____

#1
 Child's Full Name: _____ Middle Name: _____ Last Name: _____
 School Attending: _____ Grade in September: _____ Sex: _____
 Health Problems/Learning Disabilities: _____
 Date of Birth: _____ Place of Birth: _____
 Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____
 If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

Sacrament	Date	Name & Location of Church
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

FOR OFFICE USE ONLY			
Fee: _____	Amt. Paid: _____	Check #: _____	Date: _____
Balance Due: _____			

Registration Fee: \$200 per family (\$20 discount if received by 8/15/2020)
Sacramental Fees for First Holy Communion is \$50.00; Confirmation is \$100 payable January 1, 2021.
Please make checks payable to St. Peter's Church and send to the attention of Bookkeeper, St. Peter's Church, 6 Father Cody Plaza, Poughkeepsie, NY 12601.

#2

Child's Full Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in September: _____ Sex: _____

Health Problems/Learning Disabilities: _____

Date of Birth: _____ Place of Birth: _____

Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____

If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

<u>Sacrament</u>	<u>Date</u>	<u>Name & Location of Church</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

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#3

Child's Full Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in September: _____ Sex: _____

Health Problems/Learning Disabilities: _____

Date of Birth: _____ Place of Birth: _____

Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____

If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

<u>Sacrament</u>	<u>Date</u>	<u>Name & Location of Church</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

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#4

Child's Full Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in September: _____ Sex: _____

Health Problems/Learning Disabilities: _____

Date of Birth: _____ Place of Birth: _____

Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____

If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

<u>Sacrament</u>	<u>Date</u>	<u>Name & Location of Church</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

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Dismissal Procedures:

Authorized adult(s) who routinely pick up your child: _____

Child's Name:

Emergency Contacts:

Please indicate two nearby persons to be contacted in case of an emergency when the parent/guardian cannot be reached.

Name: _____ Phone: _____

Address:

Relationship: _____

Name: _____ Phone: _____

Relationship:

Custodial Issues:

If there are court-ordered custodial issues, please submit documentation to the Director directly.

Media Release Authorization:

I give my permission to St. Peter's Religious Education Program to photograph or video tape my child/children to be used for internal purposes and will not be released to the public without specific consent. Checking "No" disallows any class picture or use of your child's/children's image in any presentations.

Yes _____ No _____

Learning/Medical Concerns:

Our office needs to be aware of any medical, food allergies, or learning challenges your child/children may have. This information is held in confidence.

Does your child require use of an Epi-Pen or inhaler during Religious Ed hours? Yes _____ No _____
IF YES, PAPERWORK AND MEDICATIONS MUST BE SUBMITTED ONE WEEK BEFORE THE START OF CLASS.