



# SAINT PETER THE APOSTLE

CATHOLIC PARISH

## Children's Faith Formation Grades K - 6th 2018-2019

Registration Fee: \$80 per child  
Additional Fee for Sacrament Preparation  
(PLEASE FILL OUT SEPARATE SACRAMENT PREP FORM)

CHECK PREFERENCE:  SUNDAY SESSIONS (10:30AM-11:45AM)  HOME SCHOOLING

Child's full name: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Grade: (18/19 School Year) \_\_\_\_\_

Sacraments received:  Baptism  Reconciliation  Eucharist  Confirmation  
(CATHOLIC? Y N)

Special Needs:(ALLERGIES, LEARNING/PHYSICAL DISABILITIES, ETC) \_\_\_\_\_

Child's full name: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Grade: (18/19 School Year) \_\_\_\_\_

Sacraments received:  Baptism  Reconciliation  Eucharist  Confirmation  
(Catholic? Y N)

Special Needs:(ALLERGIES, LEARNING/PHYSICAL DISABILITIES, ETC) \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_ Phone # - -

Mailing Address: \_\_\_\_\_

Father/Guardian's full name: \_\_\_\_\_ Phone # - -

Mailing Address: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

Who does the child live with?  Father  Mother  Both  Other

Family e-mail address: (PLEASE PROVIDE!) \_\_\_\_\_

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, I GIVE PERMISSION FOR STAFF/VOLUNTEERS OF  
ST. PETER THE APOSTLE CATHOLIC PARISH TO ADMINISTER BASIC FIRST AID TO THE ABOVE MENTIONED YOUTH  
AND TO CONTACT EMERGENCY PERSONNEL FOR FURTHER MEDICAL AID/CARE IF NECESSARY.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date