

SAINT PETER THE APOSTLE CATHOLIC PARISH

Children's Faith Formation Grades K - 6th (English)

Registration Fee: \$100 per child ☒ Payment is required at time of Registration

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Child's full name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Grade: (23/24 School Year) \_\_\_\_\_

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

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

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**Only fill this section out if your child needs Sacrament Preparation 2nd year students only\***

Needs 1st Reconciliation Yes or No

Needs 1st Eucharist Yes or No

\*Must have completed 1 year prior of Faith Formation Classes (CFF) or CFF Home Study program.

Children must be at least 7 years old when they receive Sacraments.

Place of Birth \_\_\_\_\_ Parish where child was Baptized \_\_\_\_\_

Submit Birth Certificate and Baptism Certificate at time of registration for Sacrament Preparation students only

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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 email 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: \_\_\_\_\_