

2017—2018 CONFIRMATION REGISTRATION FOR ST. PETER RELIGIOUS EDUCATION PROGRAM (Please Print)

Registrant's Last Name _____ Mailing Address _____
 Street City State Zip

PRIMARY CONTACT INFORMATION

Please list all numbers that apply.

FILL IN THE CIRCLE NEXT TO THE # YOU WISH TO DESIGNATE AS YOUR PRIMARY TELEPHONE CONTACT.

Home _____

Cell _____

e-mail _____

Permission to Use Student Photos:

I grant permission to use student(s) photos for commercial purposes (ex: advertising an event on flyers, parish websites.)

Initials _____

List ONLY those children whom you are enrolling in Confirmation						● Sacraments Already Celebrated		
First	CHILD'S NAME Middle Initial Last		M / F	Birth Date	School	Baptism	1st Rec.	1st Comm.
						●	●	●
						○	○	○
						○	○	○

List any medical or learning accommodations needed for above students. Also list any special placement requests/needs.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact::

Alternate Name _____

Phone Number _____

Relationship to Child _____

Family Doctor _____

Doctor's Phone _____

Custodial Parent/Guardian Signature _____ Date _____

FEES

Confirmation _____ @ \$75= \$ _____

Date	Amt. Paid	Check # / Cash	Balance Due	Staff Initials	Input on Computer
Verify Parish Registration					

Family Status

	Father	Mother
Name		
Church of Membership		
Religion		
Occupation/Employer		
Additional contact Information		
Marital Status: Check all that apply	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Annulled	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Annulled
Legal Custody of Child(ren)	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
Physical Placement		
Name of Stepparent		