

# 2018—2019 ST. PETER PARISH REGISTRATION FOR RELIGIOUS EDUCATION PROGRAM (Please Print)

Registrant's Last Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Street City State Zip

### CONTACT INFORMATION

- ◆ Phone #: \_\_\_\_\_
- ◆ Other #: \_\_\_\_\_
- ◆ e-mail : \_\_\_\_\_

#### Permission to Use Student Photos:

You have my permission to use student(s) photos for commercial purposes (ex: promoting an event on flyers, parish websites, news articles)

Initials: \_\_\_\_\_

### 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 \_\_\_\_\_

Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Put an X by All that apply:**

*St. Peter Grades 1-6 :*

6:15 p.m.—7:30 p.m.

*T.Y.M.E Grades 7/8:*

6:30 p.m. — 8:00 p.m.  
@ St. Peter School

List <b>ONLY</b> those children whom you are enrolling							(●) Sacraments Already Celebrated				X Sacrament Registration		For each child, x the column(s) corresponding to the program(s) for which you are enrolling.								
<b>CHILD'S NAME</b>			M/F	Birth Date	School	Baptism	1st Rec.	1st Comm.	Confirm.	1st Rec	1st Comm	CCD (grade)						TYME			
First	Middle Initial	Last				●	●	●	●	x	x	1	2	3	4	5	6	7	8		
						○	○	○	○												
						○	○	○	○												
						○	○	○	○												
						○	○	○	○												

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

## Family Status

	Father	Mother
Name		
Religion		
Church of Membership		
Occupation		
Employer		
Additional contact Information		
Marital Status: Check <b>all</b> 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		

## FEES

### T.Y.M.E\* (gr. 7- 8)

1 Child	\$ 65	
2 Children	\$ 95	
3 or More	\$125	\$ _____

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### Grades 1-6:

1 Child	\$50	
2 Children	\$90	
3 or More	\$120	\$ _____

\$ \_\_\_\_\_

### TOTAL FEES

\$ \_\_\_\_\_

(Make checks payable to your parish of membership.)

### FEE PAYMENT RECORD (Office Use Only)

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

### PAYMENT SCHEDULE (choose one):

- Prepay in full @ registration
- 1/2 @ registration and 1/2 on January 15
- Financial Aid ( Minimum required payment of \$25.00) Must submit application.