Cathedral of St. Peter Religious Education
Student Enrollment Form 2016-17

Student Information

Last Name: First Name: Sex: Age:

Address: Primary Phone:

School Attending: Grade:

Birth Date: City of Birth:

Baptism Date: Church/City:

First Confession Date: Church/City:

First Communion: Church/City:

Confirmation Date: Church/City:

Siblings (name & age):

Student Medical Information: Special Learning Needs:

Parent or Guardian Student Lives with:

Biological Father's Name: Biological Mother's Name: (maiden)

Parent e-mail address:

Emergency Contact Information: In order of preference- Include one contact in addition to parent/guardian.

Name: Relationship: cell phone:

Name**:** Relationship**:** cell phone:

Name: Relationship: cell phone:

Are you registered at the Cathedral of St. Peter:____yes____no (If no, what parish?) _____

I give my child permission to participate in the Religious Education program of St. Peter Cathedral. I recognize that those who assist in the facilitation of the program are both volunteers and parishioners of the Cathedral. It is to be known that they may also be parents of children in the program.. In the event of an emergency I understand that all personnel will act in good conscience and with expedience according to the situation at hand and in congruity with the emergency information provided on this registration form. Their good will is presumed and their decisions are to be trusted. (Fee-$60.00 grades K, 1 & 3-8th -- $80.00 grade 2)

Mother/Guardian's Signature_____Date: _____

Father/Guardian's Signature:_____Date: _____

For Office use: Paid_____ Check #_____ Amount $_____