

**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 & 3-6th -- \$80.00 grades 2, & 7-8th)

Mother/Guardian's Signature _____ Date: _____

Father/Guardian's Signature: _____ Date: _____

For Office use: Paid _____ Check # _____ Amount \$ _____