

Students receiving Sacramental Preparation: (Only complete if child will be receiving Reconciliation/ Eucharist/ Confirmation this year)

Reconciliation/Eucharist	Fee: \$80.00
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Confirmation	Fee: \$80.00
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Date Registered
 ____/____/____

OFFICE USE ONLY		
Check Number _____		
Credit Form Completed _____	Fee _____	
Amount \$ _____	Date Received ____/____/____	
Checks Payable to: St. Peter's Church		

Please print or type all information. Child(ren) / Teen resides with: circle one or both parents

Child(ren)'s/Teen(s) First Name(s) (Use <u>Last</u> only if different from Family Name)	Gender M/F	Birthdate M/DD/YYYY	Grade 2017- 18	Sacrament To be received?	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)	Name of Public or Parochial School Attending 2017-2018	Check Sacraments Already Received		
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>
1.									
2.									

COPY OF CHILD'S/Teen(s) BAPTISMAL CERTIFICATE ATTACHED _____ OR BAPTIZED AT ST. PETER'S _____

EMERGENCY CONTACT INFORMATION (Everyone must fill in this section)

Name	Relationship
Phone Number	Cell Number

I/we would like to be a Catechist/Aide for School Year 2017 – 2018

Name	Preferred Grade	STAND Trained (Y/N)

FAMILY STATUS: Please Circle One: **Two-Parent Family** **Single-Parent Family** **Blended Family**

CUSTODIAL ORDER: COPY OF ORDER TO BE ATTACHED _____ **DATE OF ORDER**

Please indicate any special needs or learning differences your child has: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) **Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing.** Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date _____ **Parent or Guardian Signature** _____

Confidentially, please do not hesitate to contact Stacy Wright (301) 898-5111 x 14 or Cat Imholte (301) 898-5111 x 17 if financial assistance is needed.

By registering my child(ren) in the Faith Formation Program, I understand that:

- My family must be registered at St. Peter’s Church.
- As an integral part of our Faith Formation curriculum, we will be teaching **Family Life** (Grades K – 5th). This age-appropriate program is about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Stacy Wright, Coordinator of Elementary Religious Education.
- Completed registration forms will be processed in the order in which they are received.
- Children may attend only the specific class to which they have been assigned.
- Classes begin promptly at the designated time and attendance is required for the entire length of class in order to be credited with attendance.
- Children must be picked up inside the parish center at dismissal time. Children are not allowed to leave without an adult.

Date _____ **Parent or Guardian Signature** _____