

Religious Education Registration Form 2023-2024

Our Family of Faith program is a whole family catechesis program with the goal to encourage and equip parents to live and teach their children the Faith at home. Sacrament preparation is included in this program. Programs runs from September to May.

- Parents (and/or guardians) and children in Grades K to 6th meet two Sunday mornings a month. Class begins immediately after 8:30am Mass and ends at 11:00am.
- 7th and 8th graders will meet weekly on Sundays from 9:30-10:30am
- A calendar for the year will be provided to our registered families prior to the first class

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Late Fee

** after July 31st

One Student \$145 2+ Students \$195 Sacrament fee \$65 * * grades 2 & 8

| Office Only: |
|---|
| Check # |
| Date |
| Amount |
| PIF |
| Baptism Certificate (for new students) |

DEADLINE: JULY 31, 2023

\$25 **

| | ilist class. | | | | | | | | -1 01, 202 | |
|---|---|-----|---|--|-------------|--------------------------|-------------------------|--|------------|--------------------|
| l. | I. Family Info | | | | | | | | | |
| Family Name: (Specify if guardian name differs from child's name) | | | | | | | | | | |
| Street: | | | | City: | | | | Zip: | | |
| Mother's | Name: | | | | Father's | Name: | | | | |
| Mother's | Email: | | | | Father's | Email: | | | | |
| Mother's Cell Phone: | | | | Father's | Cell Phone: | | | | | |
| | | | | | | | | | | |
| II. | Student Info | | | | | | | _ | | |
| Student's | s Name | DOB | Student(s) lives with P-Parents; M-Mother; F-Father; G-Guardian | # Yrs Complete in Religion Ed | | Home School Y or N | CCD Grade 2023-24 | Special Conditions we should know about | | ditions w about |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| | | | | | | | | _ | | |
| | My child(ren) has access to a | | | | | | | | | |
| (Continue | Continued from above) laptop, i-pad, desktop Y or N | | | Medications Taken | | | Al | lergies | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| | | | | | | | | | | |

(over)

| Office | Only: |
|--------|-------|
| | |

Deposit

____ Tuition WS _____

Parish Soft___

Update card

Update mailing list____



Religious Education Registration Form 2023-24 (Continued)

| III. Medical Release | | | | |
|--|---|---|---|----------------------|
| In the event reasonable attempts to contact me at for: (1) the administration of any treatment deemed necessar | (phone) or ary by a licensed physician | other parent/guardi n/dentist; and (2) the transfer of the child | ian) are unsuccessful, I hereby giv to any hospital reasonably acces | ve my consent sible. |
| X(Print and Sign - Parent/Guardian / Date) | | | | |
| IV. The following is required for Diocesan Records | s: Ethnicity - Please o | check appropriate box(s) | | |
| Asian | Black | | Causasian | |
| Filipino | Hispanic Korean | | | |
| V. Emergency Contact (someone other than part | rent/guardian) | | | |
| Name: | | Relation to student: | | |
| Phone Number: | Cell Number: | | | |
| Address: | | Email: | | |
| VI. Dismissal Authorization | | | | |
|) Parent/Guardian to pick up son/daughter. | | Cell Phone: | | |
| I authorize the following individuals to pick up my ch | hild. *ID will be requested f | for the protection of your child(ren). | | |
| #1 Name/relationship: | | Cell Phone: | | |
| #2 Name/relationship: | 2 Name/relationship:Cell Phone: | | | |
| **MY CHILD MAY <u>NOT</u> BE RELEASED TO THE F | OLLOWING PERSON(S) | | | |
| My child has permission to walk home. I understand responsibility for my decision YES NO | I that the parish will not be | able to provide supervision outside the | school, and I accept full | |
| Parent/Guardian Signature/Date: X | | | | |
| | | | | |
| VII. Media Consent | | | | |
| Pursuant to law, we will not release any personally identifiable includes student names and any personal information. If you wish, as the parent or guardian, to rescind this agreer take effect upon receipt by the parish | • | | - | |
| I GRANT permission for a photo/image that includes the school. | his student without any per | rsonal identifiers to be published on St. l | Peter's parish website or posted ir | n our church or |
| I DO NOT GRANT permission for a photo/image that i church or school. | includes this student witho | ut any personal identifiers to be publishe | ed on St. Peter's parish website o | r posted in our |
| D 110 11 01 1 1D 1 W | | | | |



Religious Education

First Holy Communion Registration

Form 2023-2024

| Dear Fati | ner Byerley, | | | OHS) | | |
|--|---|---|--------------------------|-------------------------|--|--|
| I would like my child, (name) to prepare to celebrate the Sacraments of Reconciliation typically held in February and First Communion in May, 2024, respectively. I understand that I am expected to attend parent meetings and assist in preparing my child to receive the Sacraments by helping them learn prayers and reinforcing their catechetical lessons. I acknowledge that in addition to religious instruction, weekly Sunday Mass attendance is essential for my child's faith formation and preparation to receive the Sacraments. | | | | | | |
| Parent's | signature | | Date | | | |
| | lowing is required for Diocesan and Pari | | | | | |
| | d's city, state, country of birth :current address: | | | | | |
| | ourrent addresse. | | | | | |
| | : male/female (please circle one) | | | | | |
| Mother | 's Name | Father's Name | | | | |
| | | <u>REQUIREMENTS</u> | | | | |
| 1. | BAPTISM CERTIFICATE: A Baptism cer Certificates or date of Baptism, if baptized have access to SPS Baptism certificate | d at St. Peter Parish, is required.(| Note: The Religious Ed | | | |
| | Date of Baptism | Church of Baptism: | St. Peter | Other* | | |
| | * Name/Address/Denomination of Church | if other than St. Peter): | | | | |
| 2. | MASS ATTENDANCE: Celebration of the to the religious education program. The Mass and the faith community of the paris child must be attending Mass regularly. | Mass is the core of the Catholic fait | h, and we cannot live ou | ur faith apart from the | | |
| 3. | SACRAMENT FEES: All catechetical tu Additional Sacrament fees cover the cost | | ~ | n. | | |
| | Please submit <mark>\$65 Sac</mark> | <mark>crament year fee</mark> (Check made o | ut to St. Peter Church) |) | | |



Religious Education

Confirmation Registration Form

2023-2024

Dear Father Byerley,

| I would like my child to prepare to celebrate the Sacran understand that I am expected to attend parent meetings receive Confirmation. I acknowledge that, weekly Sund child's faith formation and preparation to receive Confi | s and assist in preparing my child to ay Mass attendance is essential in my |
|---|--|
| Parent's signature | Date |
| REQUIREMENTS - 1 | Please print |
| Name of person to be confirmed: | |
| Gender: male/female (please circle one) | |
| Parents' Names: | |
| Address: | |
| Parents' Emails: | |
| Phone#: | |
| Home Parish (if other than St. Peter): | |
| 1. BAPTISM: Date of Baptism:St. Peter | Other* Name/Address/Denomination of Church (if other than St. Peter) |
| * IMPORTANT: Attach a copy of Baptismal Certificate if Bapt | tized at another parish. |
| | |

2. SACRAMENT FEES

Sacrament fees are due with registration

Sacrament fees cover the cost of materials, retreats, receptions and record keeping.