



Religious Education Registration Form 2026-2027

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 April.

- Parents (and/or guardians) and children in Grades K to 6th meet 3 Sunday mornings a month. We will offer hospitality at 8:45am. Class will be from 9:00am to 10:15am. Families are invited to attend the 10:30am Mass.
- 7th & 8th graders meet 3 Sunday mornings a month. We will offer hospitality at 8:45am. Class is from 9:00am-10:15am and attend the 10:30am Mass. Parents/Guardians are welcome to meet them at 10:30am Mass.
- A calendar for the year will be provided to our registered families prior to the first class.

Tuition:

One Student \$150
 2+ Students \$200
 Sacrament fee \$75 *
 * grades 2 & 8
 Late Fee \$25 **
 ** after July 31st

Office Only:

Check # _____
 Date _____
 Amount _____
 PIF
 Baptism Certificate _____
 (for new students)

DEADLINE: JULY 31, 2026

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 Name	DOB	Student(s) lives with P-Parents; M-Mother; F-Father; G-Guardian	# Yrs Completed in Religious Ed	Home School Y or N	CCD Grade 2026-27	Special Conditions we should know about
1						
2						
3						
4						

(Continued from above)	My child(ren) has access to a laptop, i-pad, desktop Y or N	Medications Taken	Allergies
1			
2			
3			
4			

Office Only:

Deposit _____ Tuition WS _____ Parish Soft _____ Update Emer Contacts in Parish Soft notes _____ Update mailing list _____

(over)



III. Medical Release

In the event reasonable attempts to contact me at _____(phone) or _____(other parent/guardian) are unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by a licensed physician/dentist; and (2) the transfer of the child to any hospital reasonably accessible.

X _____
(Print and Sign - Parent/Guardian / Date)

IV. The following is required for Diocesan Records: Ethnicity - Please check appropriate box(s)

Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Causasian <input type="checkbox"/>
Filipino <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Korean <input type="checkbox"/>

V. Emergency Contact (someone other than parent/guardian)

Name:	Relation to student:
Phone Number:	Cell Number:
Address:	Email:

VI. Dismissal Authorization

- A) Parent/Guardian to pick up son/daughter. _____ Cell Phone: _____
- B) I authorize the following individuals to pick up my child. *ID will be requested for the protection of your child(ren).
- #1 Name/relationship: _____ Cell Phone: _____
- #2 Name/relationship: _____ Cell Phone: _____
- C) ****MY CHILD MAY NOT BE RELEASED TO THE FOLLOWING PERSON(S)** _____
- D) My child has permission to walk home. I understand that the parish will not be able to provide supervision outside the school, and I accept full responsibility for my decision YES NO

Parent/Guardian Signature/Date: X _____

VII. Media Consent

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names and any personal information.

If you wish, as the parent or guardian, to rescind this agreement, you may do so at any time in writing by sending a letter to the CRE of your child's parish and such rescission will take effect upon receipt by the parish

- I GRANT permission for a photo/image that includes this student without any personal identifiers to be published on St. Peter's parish website or posted in our church or school.
- I DO **NOT** GRANT permission for a photo/image that includes this student without any personal identifiers to be published on St. Peter's parish website or posted in our church or school.

Parent/Guardian Signature/Date: X _____



**First Holy Communion Registration
 Form 2026-2027**



Dear Father Byerley,

I would like my child, (name) _____ to prepare to celebrate the Sacraments of Reconciliation typically held in February and First Communion in May, 2027, 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

The following is required for Diocesan and Parish Records: (Please print)

Child's name (please print clearly how it should appear on certificate) _____

My child's city, state, country of birth: _____

Child's current address: _____

Phone#: _____ Email: _____

Date of birth: _____ Age at time of Communion _____ Gender: male/female (please circle one)

Mother's Name _____

Father's Name _____

REQUIREMENTS

- BAPTISM CERTIFICATE:** A Baptism certificate must be on file in the Office of Religious Education. Copies of Baptism Certificates or date of Baptism, if baptized at St. Peter Parish, is required. **(Note: The Religious Education Office does not have access to SPS Baptism certificates)**

Date of Baptism _____ Church of Baptism: _____ St. Peter _____ Other*

* Name/Address/Denomination of Church if other than St. Peter): _____

- MASS ATTENDANCE:** Celebration of the Mass is essential to developing our relationship with God, and is therefore integral to the religious education program. The Mass is the core of the Catholic faith, and we cannot live our faith apart from the Mass and the faith community of the parish. Please note: to be eligible to enter a parish sacramental preparation program, a child must be attending Mass regularly.

- PERMISSION LETTER:** If St. Peter is not your home parish, then a permission letter will be required from the parish where you are registered.

- SACRAMENT FEES:** All catechetical tuition fees and Sacrament fees are due with registration. Additional Sacrament fees cover the cost of materials, retreats, receptions and record keeping.

_____ Please submit **\$75 Sacrament year fee** (Check made out to St. Peter Church)



Confirmation Registration Form 2026-2027



Dear Father Byerley,

I would like my child to prepare to celebrate the Sacrament of Confirmation in 2027. I understand that I am expected to attend parent meetings and assist in preparing my child to receive Confirmation. I acknowledge that, weekly Sunday Mass attendance is essential in my child's faith formation and preparation to receive Confirmation.

Parent's signature Date

REQUIREMENTS - Please print

Name of person to be confirmed (please print clearly how it should appear on certificate):

Gender: male/female (please circle one)

Parents' Names: _____

Address: _____

Parents' Emails: _____

Phone#: _____

Home Parish (if other than St. Peter): _____

1. **BAPTISM:** Date of Baptism: _____
Church of Baptism: _____ St. Peter _____ Other* Name/Address/Denomination of Church (if other than St. Peter)

* **IMPORTANT:** Attach a copy of Baptismal Certificate if Baptized at another parish.

2. **PERMISSION LETTER:** If St. Peter is not your home parish, then a permission letter will be required from the parish where you are registered.

3. SACRAMENT FEES

Sacrament fees are due with registration

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

Please submit **\$75 Sacrament fee** (Check made out to St. Peter Church)