

St. Peter's Church
 Religious Education Program
 6 Father Cody Plaza, Poughkeepsie, NY 12601
 (845)452-8580

Family Name: _____
 Street Address: _____
 City & State: _____ Zip: _____
 Home Phone: _____ Email: _____
 Registered at St. Peter's? _____

Biological Father's Name: _____ Cell Phone: _____ Business Phone: _____ Religion: _____ Marital Status: _____	Biological Mother's Name: _____ Maiden Name: _____ Cell Phone: _____ Business Phone: _____ Religion: _____ Marital Status: _____
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Legal Guardian, if not biological parents (must show legal papers) Y N

Name: _____ Relationship to child: _____
 Address: _____ City, State _____ Phone _____

#1
 Child's Full Name: _____ Middle Name: _____ Last Name: _____
 School Attending: _____ Grade in September: _____ Sex: _____
 Health Problems/Learning Disabilities: _____
 Date of Birth: _____ Place of Birth: _____
 Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____
 If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

Sacrament	Date	Name & Location of Church
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

FOR OFFICE USE ONLY			
Fee: _____	Amt. Paid: _____	Check #: _____	Date: _____
Balance Due: _____			

Registration Fee: \$200 per family
Sacramental Fees for First Holy Communion and Confirmation will be assessed during the school year.
Please make checks payable to St. Peter's Church and send to the attention of Bookkeeper, St. Peter's Church, 6 Father Cody Plaza, Poughkeepsie, NY 12601.

#2

Child's Full Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in September: _____ Sex: _____

Health Problems/Learning Disabilities: _____

Date of Birth: _____ Place of Birth: _____

Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____

If not, where did he/she attend? _____ Grade _____

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Please complete the following Sacramental information.

<u>Sacrament</u>	<u>Date</u>	<u>Name & Location of Church</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

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#3

Child's Full Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in September: _____ Sex: _____

Health Problems/Learning Disabilities: _____

Date of Birth: _____ Place of Birth: _____

Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____

If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

<u>Sacrament</u>	<u>Date</u>	<u>Name & Location of Church</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

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#4

Child's Full Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in September: _____ Sex: _____

Health Problems/Learning Disabilities: _____

Date of Birth: _____ Place of Birth: _____

Was child enrolled in St. Peter's Religious Education program last year? _____ Grade _____

If not, where did he/she attend? _____ Grade _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE FOR NEW STUDENTS.-Registration will not be accepted without.

Please complete the following Sacramental information.

<u>Sacrament</u>	<u>Date</u>	<u>Name & Location of Church</u>
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

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VOLUNTEER INFORMATION:

I AM INTERESTED IN VOLUNTEERING AS: _____ *Catechist* _____ *Teaching Assistant* _____ *Office Help*