

**St. Peter's Religious Education
Family Registration Form 2008/2009**

Family Name: _____ **Family's Envelope Number:** _____

Father's Last Name: _____ First Name: _____ Religion: _____

Mother's Maiden Name: _____ First Name: _____ Religion: _____

Home Address: _____
(Street) (City) (Zip)

Phones: _____
(Home) (Work) (Cell)

Email: _____

If divorced, who has custody rights:	Father	Mother	Other _____
Send mail to :	Father	Mother	Other _____
Other Name:	_____		
Other Address:	_____		

Child's Name: _____	Birth Date: _____	Grade in Sept. _____
Public School Student: _____	Catholic HS Student: _____	
Special Needs Information: _____		

New Student's Only: Please submit a copy of Baptism Certificate.

First Reconciliation Date: _____ **First Communion Date:** _____

Child's Name: _____	Birth Date: _____	Grade in Sept. _____
Public School Student: _____	Catholic HS Student: _____	
Special Needs Information: _____		

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PICTURES/VIDEO PERMISSION

Pictures of Religious Education students may be taken during the school year for use in class art projects, displays, on the St. Peter's Parish website, and for use in the church bulletin. At no time will children's names be published in connection with photos. If you check "no" below, your child will be asked to leave the photography scene before the photo is taken.

Yes, my child's picture may be taken. **No, my child's picture may not be taken.**

Parent/Guardian Signature: _____

Emergency Contact:

In case of emergency and parent(s) cannot be reached at the phone numbers provided; the following may be called.

Name: _____ Phone: _____ Relationship: _____