

Catholic Community of Saint Peter
Religious Education Office
406 Forman Avenue Point Pleasant Beach, NJ 08742
Phone: (732)-899-4839
Email: religioused@saintpeteronline.org

RELIGIOUS EDUCATION REGISTRATION FORM

Student's Full Name: _____

Address: _____

Home Phone: _____

Incoming Grade: _____

Birth Date: _____

Gender: M____ F____

School Attending: _____

(Check one) ☐ Parish Program Sunday Session: 8:30am – 10:00am **GRADES 1-5 ONLY**

☐ Parish Program Monday Session: 7:00pm – 8:30pm **GRADES 6,7,8 ONLY**

FAMILY INFORMATION

Mother's Name: _____ Religion: _____ ☐ DECEASED

Maiden Name: _____

Father's Name: _____ Religion: _____ ☐ DECEASED

Home Phone _____ Mother's Cell _____ Father's Cell _____

Legal Guardian, *if different than above*:

Full Name: _____

Home Phone: _____ Cell Phone _____

Address: _____

Email Address: _____

PROMOTIONAL RELEASE

Initial ____ I also consent to the use of any videotapes and/or photographs in which my child(ren) may appear by the Diocese of Trenton and/or parish. I understand that these materials being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ **Date:** _____

TUITION FEE: \$130.00 per child until June 1, 2021. After that date, there is an additional \$35.00 late fee per child.

Total payment enclosed: _____

☐ Check ☐ Cash

Health Information
(More space below if needed)

Does your child have...

☐ Learning Disability – Please Describe: _____

☐ Other – Please Explain: _____

If your child has any medical conditions, please explain:

Are there any other special instructions: *(i.e. dismissal, transportation, ect.)*

Are there any custodial issues? ☐ YES ☐ NO

If yes please explain:

If so, copy of custodial agreement is required

Child resides with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian

*LEARNING NEEDS:

*MEDICAL CONDITION:

*CUSTODIAL ISSUES:

PLEASE CHECK ONE BOX

☐ Returning Student SKIP TO NEXT PAGE

☐ New Student FILL OUT INFO BELOW

NEW STUDENTS ONLY

Sacramental Record

	Date	Church	Location
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other: Baptized in another denomination

Profession of Faith: _____ Date: _____ Parish: _____

Address: _____ City: _____ State: _____ Zip: _____

*****Please attach copy of Baptismal Certificate if not baptized at St. Peter*****

Parish/School attended last year for Religious Ed:

Name: _____ Town: _____

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EMERGENCY CONTACT FORM

Students Full Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please indicate below the person to be contacted in the case of an emergency when the parent or guardian cannot be reached:

A. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

B. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

C. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Parent / Legal Guardian Signature: _____ **Date:** _____