

# *Catholic Community of St. Peter*

Religious Education Office  
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Point Pleasant Beach NJ 08742  
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## STUDENT NEW REGISTRATION FORM 2020-2021

*Please print or type all information below. Thank you.*

### Family Information

Mother's Name: \_\_\_\_\_ ☐ DECEASED  
*Last Name / First Name*  
Maiden Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Religion: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ☐ DECEASED  
*Last Name / First Name*  
Religion: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Guardian, if different than above:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Last Name / First Name* Cell Phone: \_\_\_\_\_

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 the parish. I understand that these materials are 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** Total Due \_\_\_\_\_

Office use only\*

Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ ☐ Male ☐ Female  
*Last First Middle*

Birth Date: \_\_\_\_\_ Grade as of September 2019: \_\_\_\_\_

School Attending: \_\_\_\_\_

*Please indicate Session preference:*

☐ Parish Program Sunday Session I: 8:45AM – 10:15AM **Grades 1- 5 only**

☐ Parish Program Monday Session: 7:00PM – 8:30PM **Grades 6, 7 and 8 Only**

Parish/School attended last year for Religious Education:

Name: \_\_\_\_\_ Town: \_\_\_\_\_

**Sacramental Record**

	Date	Church	Location
Baptism*			
First Reconciliation			
First Eucharist			
Confirmation			

\*Other: Baptized in another denomination  
 Profession of Faith  
 Full Initiation (*Baptized after age 7*)

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Please attach copy of Baptismal Certificate if not from this Parish.*

## Health Information

Does your child have learning needs?

☐ Learning Disability – Classification: \_\_\_\_\_

☐ Other – Please Explain: \_\_\_\_\_

If your child has any medical conditions/allergies please explain:

Are there any custodial issues? If yes, please explain: ☐ YES ☐ NO

**Child Resides With:** ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother

\*\*\*\*\* If applicable/ Custodial parent

\*\*\*Copy of current Custodial agreement required

Name: \_\_\_\_\_ Male ☐ Female ☐

*Last*                      *First*                      *Middle*

School Attending: \_\_\_\_\_

☐ Parish Program Sunday Session I: 8:45AM – 10:15AM **Grades 1- 5 Only**

Parish/School attended last year for Religious Education:

**Sacramental Record**

\*Other: Baptized in another denomination  
 Profession of Faith  
 Full Initiation (*Baptized after age 7*)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child have learning needs?

☐ Other – Please Explain: \_\_\_\_\_

☐ YES      ☐ NO

\*\*\*Copy of current Custodial agreement required



Diocese of Trenton

## EMERGENCY CONTACT FORM

*Please print or type all information below. Thank you.*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Parent/Guardian's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Town State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):**

A. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Are there any health conditions of which we should be aware? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## RELIGIOUS EDUCATION VOLUNTEER FORM

☐ **SUNDAY**      1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Session I: 8:45AM – 10:15AM ☐

☐ **MONDAY EVENING** Grade: 6 ☐ 7 ☐ 8 ☐ TIME: 7:00 – 8:30PM

☐ I am interested in volunteering as a:

- ☐ Catechist
- ☐ Substitute
- ☐ Catechist Aide
- ☐ Office Aide \*\*
- ☐ Arts & Crafts / Photographer
- ☐ Hall Monitor \*\*\*
- ☐ Calligrapher
- ☐ Service / Food Collection
- ☐ Adult with Medical/First Aid background \*\*
- ☐ Family Liturgy Aide

### Religious Education Volunteer Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address: \_\_\_\_\_

(Please complete this form and return to the Religious Education Office.)