



F203.1-A

Catholic Community of Saint Peter

Religious Education Office

406 Forman Avenue

Point Pleasant Beach, NJ 08742

Phone: 732-899-4839

Email: religioused@saintpeteronline.org

STUDENT NEW REGISTRATION FORM 2021-2022

Please print or type all information below. Thank you.

Family Information

Mother's Name: _____ Home Phone: (____) _____
Last Name / First Name

Cell Phone: (____) _____

Maiden Name: _____ ☐ DECEASED

Religion: _____

Father's Name: _____ Home Phone: (____) _____
Last Name / First Name

Cell Phone: (____) _____

Religion: _____ ☐ DECEASED

Legal Guardian, if different than above:

Name: _____ Home Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Cell Phone: (____) _____

Address: _____
Street Town State Zip

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 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 until June 1, 2021. After that date, there is an additional \$35.00 late fee per child. Total _____

Office use only

Paid _____ Check _____ Cash _____

☐

Parish Program Sunday Session: 8:30AM - 10:00AM Grades 1-5 only

☐

Parish Program Monday Session: 7:00PM – 8:30PM Grades 6,7 and 8 only

Student's Name: _____

Last

First

Middle

Address: _____

Street

Town

State

Zip

Home Phone: (____) _____ Birth Date: _____ Grade: _____

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? **(use last page if needed)**

☐

Learning Disability – Classification: _____

☐

Other – Please Explain: _____

If your child has any medical condition please explain **(use last page if needed)**

Are there any other special instructions? (*i.e. dismissal, transportation, etc.*)

Are there any custodial issues? If yes, please explain **(use last page if needed)** ☐ YES ☐ NO

***Copy of current Custodial agreement required**

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

☐ Parish Program Sunday Session: 8:30AM - 10:00AM Grades 1-5 only

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

Student's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Birth Date: _____ Grade: _____

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? **(use last page if needed)**

☐ Learning Disability – Classification: _____

☐ Other – Please Explain: _____

If your child has any medical condition please explain **(use last page if needed)**

Are there any other special instructions? (*i.e. dismissal, transportation, etc.*)

Are there any custodial issues? If yes, please explain **(use last page if needed)** ☐ YES ☐ NO

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

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

Catholic Community of Saint Peter

Religious Education Office

406 Forman Avenue

Point Pleasant Beach, NJ 08742

Phone: 732-899-4839

Email: religioused@saintpeteronline.org

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

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Work 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: (____) _____
Address: _____ Town: _____
Relationship: _____

B. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____

C. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____

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

Learning Needs: _____

*Medical Condition: _____

*Custodial Issues: _____
