



ST. PETER CATHOLIC CHURCH
 GR. 1-12 RELIGIOUS EDUCATION REGISTRATION FORM 2014-2015
 Shelly Didway, DRE (503) 538-4312

FAMILY (Child/ren) Last Name: _____ **Father's Name:** _____ **Mother's Name:** _____

Best Email Address _____ **Registered parishioners? (circle) Y N** **Child/ren live: (circle) parents M D**

Home/Work (best) phone# _____ **Dad's Cell#** _____ **Mom's Cell#** _____

Address: _____ **City** _____ **Zip Code** _____ **Preferred Contact: Email / Phone**

CHILD/REN INFORMATION **(X) RELIGIOUS ED** **(X) SACRAMENTAL PREP**

FIRST NAME OF CHILD	Birth Date (/ /)	Gender (M/F)	Grade in School	School Attending	Been Baptized? (Y/N)	Had 1 st Confession? (Y/N)	Had 1 st Communion? (Y/N)	Been Confirmed? (Y/N)	FAITH FORMATION Gr.1-5: Wed 6:30-7:45pm	MS YOUTH GROUP Gr. 6-8:Wed 6:30-7:45pm	HS YOUTH GROUP Gr.9-12:Sun 6:30-8 pm	R.C.I.C.: Need Baptism	RECONCILIATION (@home) Completed 1 st yr. of F. F.	EUCHARIST (@home) Completed 1 st yr of FF & Reconciliation by Spring'15	CONFIRMATION (10 th gr +) Meets 2 nd Tues of month 7-8:30

REGISTRATION: GR 1- 8 = \$30/per child Gr. 9-12 = \$10 (+fees per/event) +SAC PREP = \$15/sacrament +Confirmation = \$175

Questions: Contact Shelly Didway (503) 538-4312



REGISTRATION

2014-2015 RELIGIOUS EDUCATION FEES

<u>Registration Fees</u>		# of child/ren X 30
Grades 1-8 @\$30/per child ----->		
Grades 9-12 @\$10/per child (+event fees TBA) ->		# of child/ren X 10
CATECHIST DISCOUNT		Total - 50%
TOTAL=		\$100 max
<u>Sacramental Fees</u>	+	
R.C.I.C (\$15) ----->	+	
1 st RECONCILIATION (\$15/FALL) ----->	+	
1 st COMMUNION (\$15/SPRING) ----->	+	
CONFIRMATION (\$175 *includes retreat fee) ----->		
TOTAL =	\$	
*CHECKS PAYABLE TO: ST PETER	YES	NO
Payment plan requested?	YES	NO
Scholarship needed?	YES	NO
*****OFFICE USED ONLY*****		
<u>PLAN APPROVED:</u> © YES NO	RECEIVED BY:	DATE:*****
<u>FORM OF PAYMENT:</u> © CASH CHECK#		
TOTAL PAID:	\$	
REMAINING BALANCE:		



2014-2015 REGISTRATION

EMERGENCY CONTACT PERSON: _____

BEST #: _____ Relationship to child? _____

HEALTH INFORMATION:

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

If yes, please explain: _____

DOES YOUR CHILD HAVE ANY PHYSICAL &/or EMOTIONAL NEEDS THAT WE SHOULD BE AWARE OF? YES NO

If yes, please explain: _____

SACRAMENTAL PREP

* *IF* THIS WILL THIS BE YOUR CHILD'S SAC PREP YEAR, answer:
(Your child **must** have completed a year of faith formation prior to this year.)

IF YOU ANSWERED YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

A. IN WHAT CHURCH WAS YOUR CHILD BAPTIZED?
(NAME & ADDRESS must be complete & Copy of Certificate will be needed.)

B. DATE OF BAPTISM: _____

C. HAS YOUR CHILD RECEIVED RECONCILIATION? YES NO

If yes, where? _____

D. In preparing your child/ren for receiving their sacrament(s), it is critical to have your support. Are you willing to join us in this journey? YES NO

***SAC Prep of Reconciliation & Eucharist is a home study program w/parent ED provided (co-op) on Wednesday evenings during faith formation in preK classroom.**

***Confirmation Sponsors will be expected to attend at least one confirmation class & parents are asked to volunteer at a Sunday PM youth group meeting.**



PHOTOGRAPHIC DISPLAY OF A MINOR

I hereby give St. Peter Catholic Church permission to use photograph(s) of my child/ren, listed below, on its website and/or facebook page. I understand that there will be NO identifying information of my child.

This permission for web page photographic display of a minor will be effect from September 2014 to September 2015 unless revoked by written notice to St Peter Catholic Church.

Date: _____

Name of minor child/ren:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian: (Print) _____

SIGNATURE: _____