



*Sts. Peter & Paul*

Catholic Parish

**Religious Education Program  
Registration 2025 – 2026**

Documents required at registration:

- Copy of Student's Birth Certificate
- Copy of Baptismal Certificate
- Copy of First Communion Certificate (if applying for Confirmation)
- Transfer Letter (if student attended classes in a different parish)
- Godparent / Sponsor letter (if student will receive Baptism / Confirmation)
- Tuition Fees

Student's Information:

Registration Date:

MM/DD/YYYY)

First Name:	Middle Name:	Last Name
Home Address:	City, State Zip Code	Gender: <input type="checkbox"/> Girl <input type="checkbox"/> Boy
Language(s):	Date of Birth (MM/DD/YYYY):	Place of Birth:
Age as of Sept 1, 2025	____ Student's school grade for year 2025-2026	
<b>PRIMARY CONTACT:</b> In case of an emergency, this will be the first person we attempt to contact:		
Name of Primary Contact:	Primary Phone (must be able to receive text messages):	Primary email:

SACRAMENTS HISTORY:

Sacrament	Has received?	Date (MM/DD/YYYY)	Parish	Address	Notes
BAPTISM	<input type="checkbox"/> YES <input type="checkbox"/> NO				Was the child baptized in a Catholic Church? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I do not know.
FIRST COMMUNION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
CONFIRMATION	<input type="checkbox"/> YES <input type="checkbox"/> NO				

CHURCH INFORMATION:

Are you a registered member at Sts. Peter & Paul Parish?

- ☐ YES
- ☐ NO

If yes, do you receive our parish envelopes?

- ☐ YES
- ☐ NO

If yes, please provide Family Registration # or Envelope # \_\_\_\_\_

If no, please select from below:

- ☐ No, but am interested in being registered.
- ☐ No, I am registered at (*Name of Parish*): \_\_\_\_\_

FAMILY INFORMATION:

<b>MOTHER’S INFORMATION:</b> Please select: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Deceased		
First Name:	Middle Name:	Last Name:
<b>Address: (ONLY IF DIFFERENT THAN CHILD’S)</b>		
Address:	City, State	Zip Code
Mobile Phone:	Home Phone:	Work Phone:
Email:		
<b>Religion:</b> Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO First Communion? <input type="checkbox"/> YES <input type="checkbox"/> NO Confirmation? <input type="checkbox"/> YES <input type="checkbox"/> NO  If you have not received the sacraments, would you like to prepare to receive them? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Mother’s Marital Status</b> (please select) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced * <input type="checkbox"/> Widow <input type="checkbox"/> Other: _____  Catholic Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO  If you were not married in a Catholic Church, would you like to attend a marriage preparation program? <input type="checkbox"/> YES <input type="checkbox"/> NO  * If you are divorced, would you like information about an annulment? <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Parish Information:</b> Would you like to receive information about Groups or Ministries in our Parish? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which one(s)? _____		
How often do you attend Sunday Mass? <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Rarely		

**FATHER'S INFORMATION:**Please select: ☐ Father ☐ Stepfather ☐ Deceased

First Name:

Middle Name:

Last Name:

**Address: (ONLY IF DIFFERENT THAN CHILD'S)**

Address:

City, State

Zip Code

Mobile Phone:

Home Phone:

Work Phone:

Email:

**Religion:**Baptized? ☐ YES ☐ NOFirst Communion? ☐ YES ☐ NOConfirmation? ☐ YES ☐ NO

If you have not received the sacraments, would you like to prepare to receive them?

☐ YES ☐ NO**Father's Marital Status** (please select)☐ Married ☐ Single ☐ Divorced \* ☐ Widow ☐ Other: \_\_\_\_\_Catholic Marriage? ☐ YES ☐ NO

If you were not married in a Catholic Church, would you like to attend a marriage preparation program?

☐ YES ☐ NO\* If you are divorced, would you like information about an annulment? ☐ YES ☐ NO

**Parish Information:**

Would you like to receive information about Groups or Ministries in our Parish?

☐ YES ☐ NO

If yes, which one(s)? \_\_\_\_\_

How often do you attend Sunday Mass?

☐ Always    ☐ Often    ☐ Sometimes    ☐ Rarely    ☐ Never

**Child’s Home:**

(Please Select)

Child lives with both parents:    ☐ YES    ☐ NO

Mother Custody: ☐ 100%    ☐ 50%

Father Custody: ☐ 100%    ☐ 50%

Other: \_\_\_\_\_

If child does not live with both parents; does the non-custodial parent have permission to pick him/her up?

☐ YES    ☐ NO

Are there any custody issues that we need to be aware of? If yes, please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If parents are separated, divorced, or deceased, or the child lives with someone other than the natural parents, or if there are other special circumstances, please use this space to describe how this situation could affect the Religious Education classes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Enrollment for Children of Separated / Divorced Parents**

*(Only Required for Children Not Baptized as Catholic)*

★★★★Please note that we will need a letter of permission from the absent parent. or for a parent that professes another faith permitting us to baptize the child.

**PERSONS AUTHORIZED TO PICK-UP YOUR CHILD**

List of persons authorized to pick-up your child. (Child will only be released to authorized person(s) with proper identification.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL CONDITION:**

List any medical condition, or a significant medical history (such as Allergies, Seizures) for which your child requires medication and state its type and frequency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any disability that we need to be aware of to provide the best learning environment for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photography/Video Consent**

*Please initial your decision (Only 1)*

\_\_\_\_\_ I give permission for my child to be photographed or videotaped.

\_\_\_\_\_ I do not give permission for my child to be photographed or videotaped.



**TUITION & FEES:** *We need your collaboration to be able to run our Religion Education Program.*

Tuition: One Hundred Twenty-Five Dollars (\$125.00) (Cash only please)

Gown Rental: Forty-Five Dollars (\$45.00) (Cash only please)

(if receiving Confirmation and First Holy Communion)

By signing below, I (We) certify that all information provided on this Registration and payment form is true and correct. I (We) am the parents or authorized guardian of the child named above. I am (we/are) competent to execute this agreement.

Parents' name (printed):  _____	Parents' Signature:  _____	Date (MM/DD/YYYY)  _____
Parents' name (printed):  _____	Parents' Signature:  _____	Date (MM/DD/YYYY)  _____

Any questions, please contact: Liana L. Tommasi, CRE at [ltommasi@stspeter-paul.org](mailto:ltommasi@stspeter-paul.org). Thank you.