Sts. Peter & Paul Catholic Church
Religious Education Program
Registration 2026 – 2027

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: ☐ Girl ☐ Boy
Language(s):	Date of Birth (MM/DD/YYYY):	Place of Birth:
Age as of Sept 1, 2025	___ Student's school grade for year 2026-2027	

PRIMARY CONTACT: 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	☐ YES ☐ NO				Was the child baptized in a Catholic Church? ☐ YES ☐ NO ☐ I do not know.
FIRST COMMUNION	☐ YES ☐ NO				
CONFIRMATION	☐ YES ☐ NO				

CHURCH INFORMATION:

Are you a registered member at Sts. Peter & Paul Church?
☐ 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:

MOTHER'S INFORMATION:

Please select: ☐ Biological Mother ☐ Stepmother ☐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 ☐ NO
First Communion? ☐ YES ☐ NO
Confirmation? ☐ YES ☐ NO

If you have not received the sacraments, would you like to prepare to receive them?
☐ YES ☐ NO

Mother'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

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 ☐ NO
First Communion? ☐ YES ☐ NO
Confirmation? ☐ 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: _____

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 Fifty Dollars ($150.00) (Cash only please)

Gown Rental:
(if receiving Confirmation) Fifty Dollars ($50.00) (Cash only please)

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. Thank you.