



St. Peter & St. Paul Religious Education

Registration

2024-2025

Child's Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Last) \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Parent's first and last name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Age of child: \_\_\_\_\_

Grade as of Sept. 1<sup>st</sup>: \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Church of baptism \_\_\_\_\_

Address of baptismal church \_\_\_\_\_

Godparents. \_\_\_\_\_

Registering for:

Pre-Communion Class: \_\_\_\_\_

Communion Class: \_\_\_\_\_

Post Communion Class: \_\_\_\_\_

In case of illness or emergency, please state the name of the person who is authorized to pick up your child if you cannot be reached.

Name: \_\_\_\_\_ . Phone: \_\_\_\_\_