

# Catholic Community of St. Peter

Religious Education Office  
406 Forman Avenue  
Point Pleasant Beach NJ 08742  
Phone: 732/899-4839 Fax: 732/899-6841  
Email: [religioused@saintpeteronline.org](mailto:religioused@saintpeteronline.org)

## STUDENT NEW REGISTRATION FORM 2017-2018

Please print or type all information below. Thank you.

### Family Information

Mother's Name: \_\_\_\_\_  DECEASED  
*Last Name / First Name*  
Maiden Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Religion: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  DECEASED  
*Last Name / First Name*  
Religion: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

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

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

Legal Guardian, if different than above:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Last Name / First Name* Cell Phone: \_\_\_\_\_

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** Total Due \_\_\_\_\_

Office use only\*

Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_

REVISED 3/2017

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  Male  Female  
*Last First Middle*

Birth Date: \_\_\_\_\_ Grade as of September 2017: \_\_\_\_\_

School Attending: \_\_\_\_\_

*Please indicate Session preference:*

Parish Program Sunday Session I: 8:45AM – 10:15AM **Grades 1- 5 only**

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

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 learning needs?

Learning Disability – Classification: \_\_\_\_\_

Other – Please Explain: \_\_\_\_\_

If your child has any medical conditions/allergies please explain:

\_\_\_\_\_

Are there any custodial issues? If yes, please explain:  YES  NO

\_\_\_\_\_

**Child Resides With:**  Father  Mother  Stepfather  Stepmother

\*\*\*\*\* If applicable/ Custodial parent \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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\*\*\*\*\* If applicable/ Custodial parent \_\_\_\_\_

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



Diocese of Trenton

## 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*

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: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Are there any health conditions of which we should be aware? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



2017-2018

### RELIGIOUS EDUCATION VOLUNTEER FORM

**SUNDAY**            1  2  3  4  5

Session I: 8:45AM – 10:15AM

**MONDAY EVENING** Grade: 6  7  8  TIME: 7:00 – 8:30PM

I am interested in volunteering as a:

- Catechist
- Substitute
- Catechist Aide
- Office Aide \*\*
- Arts & Crafts / Photographer
- Hall Monitor \*\*\*
- Calligrapher
- Service / Food Collection
- Adult with Medical/First Aid background \*\*
- Family Liturgy Aide

### Religious Education Volunteer Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

(Please complete this form and return to the Religious Education Office.)