

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

STUDENT RE-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 : \$155.00 per child Total Due _____

Office use only*

Paid _____ Ck# _____ Cash _____

Revised 2/2017

STUDENT INFORMATION:

Name: _____ Male Female
Last First Middle

Birth Date: _____ Grade as of September 2017: _____

School Attending: _____

Please indicate:

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

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

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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Last First Middle

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*****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: (____) _____ Cell 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 : 9:00AM – 10:30AM

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.)