

**THE CHURCH OF ST. PETER  
OFFICE OF RELIGIOUS EDUCATION  
241 BROADWAY, SARATOGA SPRINGS, NEW YORK 12866  
GRADES K - 6 587-4487**

Name of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

(city) (zip)

Grade as of Sept. 2010 \_\_\_\_\_ School \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Is Child Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ In Catholic Church Yes \_\_\_\_\_ No \_\_\_\_\_

(circle) (circle)

Was Baptism at St. Peter's in Saratoga Springs? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, church/place? \_\_\_\_\_

**Please provide us with a copy of the Baptismal Certificate as we need it for our files.**

Other Sacraments:

First Eucharist: Yes/No Church/Place/Date \_\_\_\_\_

Reconciliation (Confession): Yes/No Church/Place/Date \_\_\_\_\_

Confirmation: Yes/No Church/Place/Date \_\_\_\_\_

Has child had religious education previously? If yes, list place, date, and grade level completed.

**Family Information:**

Mother: \_\_\_\_\_

(first) (maiden) (last) (religion)

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

(city) (zip)

Phone: \_\_\_\_\_

(home) (work) (cell) (e-mail)

Father: \_\_\_\_\_

(first) (last) (religion)

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

(city) (zip)

Phone: \_\_\_\_\_

(home) (work) (cell) (e-mail)

To whom should mail be addressed? \_\_\_\_\_

**REGISTRATION FEE IS DUE AT TIME OF REGISTRATION**

Please make check payable to Church of St. Peter

_____ Grades K - 12	\$55.00 per child (\$45.00 if registered by June 15, 2010)
_____ Family Fee	\$115.00 (3 or more children) (\$100.00 if registered by June 15, 2010)

Classes are held on designated Sundays 10:10 - 11:20 AM September to May

(Office Use: Amt. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_)

**PLEASE COMPLETE THE REVERSE SIDE**

Student Name \_\_\_\_\_ Grade as of Sept 2010 \_\_\_\_\_

For Office Use: Catechist \_\_\_\_\_

Does your son/daughter have any medical conditions such as allergies, ADD or ADHD, etc. or is your child on medication that we and their catechist should be made aware of?

Please list any other information that we and your son/daughter's catechist should be made aware of....recent divorce, death in the family, etc.

Phone number where we can reach you during class time: \_\_\_\_\_

I authorize the following people to pick up this child from Religious Education classes at the Church of St. Peter (child must be picked up in the classroom). ***Please include parent names.***

NAME	RELATIONSHIP TO CHILD
1.	_____
2.	_____
3.	_____

Our Religious Education program depends on the generosity of our volunteers. Please consider volunteering in at least one of the following ways:

- \_\_\_\_\_ catechist
- \_\_\_\_\_ substitute catechist
- \_\_\_\_\_ assistant catechist
- \_\_\_\_\_ grade level
- \_\_\_\_\_ hall monitor for Parish Center (elementary school)
- \_\_\_\_\_ hall monitor for high school building
- \_\_\_\_\_ hospitality for special events (parent meetings, First Reconciliation, First Eucharist, etc)
- \_\_\_\_\_ Sunday morning attendance assistance.
- \_\_\_\_\_ Children's Liturgy of the Word catechist (9:00 a.m. mass)

I understand that during the Rite of Baptism I made a verbal commitment accepting the responsibility of training my son/daughter in the practice of the Catholic Faith. Because my son's/daughter's baptism made him/her a member of the Catholic Faith Community, I realize the importance of making a serious effort to participate in an active way in the life of the Community of St. Peter's Catholic Church. The most important aspect of this is attending weekly mass and mass on Holy Days of Obligation. In recognition of the importance of my role as parent in the Faith life of my child, I pledge myself to provide a Christian example for my son/daughter as lived out in the Catholic tradition.

Signature of Parent/Guardian

Date

**PERMISSION FOR PHOTOGRAPHS  
AND TAPE RECORDING  
SCHOOL YEAR  
SEPTEMBER 2010-MAY 2011**

\_\_\_\_\_ I hereby authorize and give my consent for the taking of pictures (moving or still)  
of \_\_\_\_\_ for possible publication in the Diocesan  
newspaper, the Evangelist and Church of St. Peter website.

\_\_\_\_\_ I DO NOT authorize and give my consent for the taking of pictures (moving or  
still) of \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

**This space may be used to state any restrictions you may have on the above.**