

**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. 2009 _____ 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, 2009)
_____ Family Fee \$115.00 (3 or more children)
(\$100.00 if registered by June 15, 2009)

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 _____ For Office Use: Grade _____
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 2009-MAY 2010**

_____ 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.