

**RE-REGISTRATION Grades 1 - 6 2009-2010**

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

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

Address \_\_\_\_\_  
(street) (city) (zip)

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade as of Sept. 2009 \_\_\_\_\_

School \_\_\_\_\_

Is any of the above information new or changed since last year?

If yes, please indicate which information is new: Address \_\_\_\_\_ Phone \_\_\_\_\_

**Family Information**                      **Home Phone**                      **Work Phone**                      **Cell**                      **E-Mail**

Mother \_\_\_\_\_

Father \_\_\_\_\_

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 (\$45.00 before June 15, 2009)
_____ Family	\$115.00 (3 or more children) (\$100.00 before June 15, 2009)

**FEES ARE WAIVED FOR CHILDREN OF CATECHISTS OR YOUTH MINISTERS.**

Classes are held on designated Sundays 10:10 - 11:20 AM from 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?

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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.

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Phone number where we can reach you during class time:

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**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.

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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.**