



**Students receiving Sacramental Preparation: (Only complete if child will be receiving Reconciliation/ Eucharist/ Confirmation this year)**

<b>Reconciliation/Eucharist</b>	<b>Fee: \$80.00</b>
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<b>Confirmation</b>	<b>Fee: \$80.00</b>
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Date Registered  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>OFFICE USE ONLY</b>	
Check Number _____	
Credit Form Completed _____	Fee _____
Amount \$ _____	Date Received ____/____/____
Checks Payable to: St. Peter's Church	

**Please print or type all information. Child(ren) / Teen resides with: circle one or both parents**

Child(ren)'s/Teen(s) <u>Full</u> Name(s)	Gender M/F	Birthdate M/DD/YYYY	Grade 2018- 19	Sacrament To be received?	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)	Name of Public or Parochial School Attending 2018-2019	Check Sacraments Already Received		
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>
1.									
2.									

<b>COPY OF CHILD'S/TEEN(S) BAPTISMAL CERTIFICATE IS ATTACHED _____</b> <b>OR BAPTIZED AT ST. PETER'S _____</b> <b>(THIS BOX MUST BE FILLED OUT)</b>
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**EMERGENCY CONTACT INFORMATION (Everyone must fill in this section)**

<b>Name</b>	<b>Relationship</b>
<b>Phone Number</b>	<b>Cell Number</b>

# I/we would like to be a Catechist/Aide for School Year 2018 – 2019

Name	Preferred Grade	VIRTUS Trained (Y/N)

**FAMILY STATUS: Please Circle One:**      **Two-Parent Family**                      **Single-Parent Family**                      **Blended Family**

**CUSTODIAL ORDER: COPY OF ORDER TO BE ATTACHED \_\_\_\_\_ DATE OF ORDER**

**Please indicate any special needs or learning differences your child has:** \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) **Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing.** Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

**Date** \_\_\_\_\_ **Parent or Guardian Signature** \_\_\_\_\_

Confidentially, please do not hesitate to contact Stacy Wright (301) 898-5111 x 14 or Cat Imholte (301) 898-5111 x 17 if financial assistance is needed.

**By registering my child(ren) in the Faith Formation Program, I understand that:**

- My family must be registered at St. Peter’s Church.
- As an integral part of our Faith Formation curriculum, we will be teaching **Family Life** (Grades K – 5<sup>th</sup>). This age-appropriate program is about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Stacy Wright, Coordinator of Elementary Religious Education.
- Completed registration forms will be processed in the order in which they are received.
- Children may attend only the specific class to which they have been assigned.
- Classes begin promptly at the designated time and attendance is required for the entire length of class in order to be credited with attendance.
- Children must be picked up inside their classroom at dismissal time. Children are not allowed to leave without an adult.

**Date** \_\_\_\_\_ **Parent or Guardian Signature** \_\_\_\_\_