

Sunday School Registration 2011-2012

Date _____

Parent/Guardians Full Name(s): _____

Is your family registered with this parish? Yes / No **May we use your student's name/ image for publication? Yes/No**

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Family E-Mail _____ **H#** _____ **W#** _____ **C#** _____

Additional phone #(opt): _____ **Child/Children live with:** _____

Emergency Contact: _____ **Relationship to child:** _____ **Phone #** _____

Child's Full Name (as on Birth/Baptismal certificate) _____

Gender: Male/Female **Birth date:** _____ **School Attending:** _____

Grade (Fall 2011): ____ **Attended class here before? Yes/No** **Sacraments received:** ____ **Baptism**

Health Concerns/Allergies: _____

Child's Full Name (as on Birth/Baptismal certificate) _____

Gender: Male/Female **Birth date:** _____ **School Attending:** _____

Grade (Fall 2011): ____ **Attended class here before? Yes/No** **Sacraments received:** ____ **Baptism**

Health Concerns/Allergies: _____

Child's Full Name (as on Birth/Baptismal certificate) _____

Gender: Male/Female **Birth date:** _____ **School Attending:** _____

Grade (Fall 2011): ____ **Attended class here before? Yes/No** **Sacraments received:** ____ **Baptism**

Health Concerns/Allergies: _____

Sunday School Tuition.... \$50.00

For Office Use Only	
Total Due:	_____
Amount Paid:	_____
Check #	_____
Date Paid:	_____

Please make checks payable to Church of St Peter.

****If cost is a concern please contact the Parish Office for a scholarship request form.****

Signature _____ **Date** _____