

Catholic Community of Saint Peter
Religious Education Office
406 Forman Avenue Point Pleasant Beach, NJ 08742
Phone: (732)-899-4839 Email: religioused@saintpetersonline.org

2022-2023 RELIGIOUS EDUCATION REGISTRATION FORM

At this time, we are only accepting St. Peter's Parishioner members to join our religious education program:
Is your family registered in our Parish? Yes No

Student's Full Name: _____

Address: _____

Home Phone: _____

Incoming Grade: _____

Birth Date: _____

Gender: M ___ F ___

School Attending: _____

(Check one) **GRADES 1-5 ONLY** Tuesdays from 4:00pm – 5:05pm

GRADES 6,7,8 ONLY Tuesdays from 5:30pm – 6:35pm

START DATE: Tuesday September 20 , 2022

FAMILY INFORMATION

Email Address: _____

Mother's Name: _____ Religion: _____ DECEASED

Maiden Name: _____

Father's Name: _____ Religion: _____ DECEASED

Home Phone _____ Mother's Cell _____ Father's Cell _____

Legal Guardian, *if different than above*:

Full Name: _____

Home Phone: _____ Cell Phone _____

Address: _____

PROMOTIONAL RELEASE

Initial ___ I also consent to the use of any videotapes and/or photographs in which my child(ren) may appear by the Diocese of Trenton and/or parish. I understand that these materials being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ **Date:** _____

TUITION FEE: \$130.00 per child + \$35.00 late fee starting on August 1
There is an additional \$75.00 Sacrament Fee for 2nd and 8th grade students

Total payment enclosed: _____ Check (check # _____) Cash

HEALTH INFORMATION

Does your child have...

Learning Disability - Please Describe:

Medical Conditions - Please Explain:

Other - Please Explain:

Are there any other special instructions? *(i.e. learning needs, dismissal, transportation, ect.)*

Are there any custodial issues? YES NO If yes, please explain:

If YES, copy of custodial agreement is required
Child resides with: Father Mother Stepfather Stepmother Guardian

PLEASE CHECK ONE BOX

Returning Student *SKIP TO NEXT PAGE*

New Student *FILL OUT INFO BELOW*

NEW STUDENTS ONLY

Sacramental Record

	Date	Church	Location
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other: Baptized in another denomination

Profession of Faith: _____ Date: _____ Parish: _____

Address: _____ City: _____ State: _____ Zip: _____

*****Please attach copy of Baptismal Certificate if not baptized at St. Peter*****

Parish/School attended last year for Religious Ed:

Name: _____ Town: _____

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2022-2023 EMERGENCY CONTACT FORM

Students Full Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please indicate below the person to be contacted in the case of an emergency when the parent or guardian cannot be reached:

A. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

B. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

C. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Parent / Legal Guardian Signature: _____ Date: _____