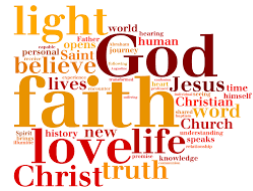


St. Peter's Catholic Church
Religious Education Registration Form

For Children Pre-K– 12th Grade

(Age 3 and up must be able to use restroom independently)

ONE FORM PER STUDENT



Student Information:

Student's Name: _____

Date of Birth: _____ Age: _____ Grade: (PreK-12) _____

Student's Cell # () _____ Email: _____

Family Information:

Father's Name: _____ Cell # () _____ HM# _____

Mailing Address: _____

Home Phone # () _____ Email _____

Mother's Name: _____ Cell # () _____ HM# _____

Mailing Address: _____

Home Phone#() _____ Email: _____

Does this child live with both parents? YES NO

If no, use back of form to explain custody.

Does this child have any medical, physical or mental health issues we should know about? YES NO

Please use back of form if more space is required.

Sacraments:

If sacraments were received in another Parish, attach copies of certificates with this registration.

Baptism	Date: _____	Place: _____
Reconciliation	Date: _____	Place: _____
Communion	Date: _____	Place: _____
Confirmation	Date: _____	Place: _____

Brandi Noval
Director of Religious Education
249 Dyer Street Mountain Home, AR 72654
Phone: 870-425-2832 ext. 3; Email: brandi@spccmtnhome.org

St. Peter's Catholic Church
Religious Education
Photo Consent and Liability Waiver to Participate
For Children Pre-K– 12th Grade
2020/2021

I give my permission for photos and movies to be used for church media.

I give the staff permission to contact my son/daughter regarding age appropriate programs and events for St. Peter the Fisherman or Diocesan Programs through phone and electronic media. This can include in person videos sent to aid in Religious Education Formation. (Online Resources)

Parent Signature _____

Brandi Noval
Director of Religious Education
249 Dyer Street Mountain Home, AR 72654
Phone: 870-425-2832 ext. 3; Email: brandi@spccmtnhome.org