

PERMANENT INFORMATION—Please PRINT clearly

PARISH ID NUMBER _____

FATHER'S NAME: _____

Address: _____

City: _____ Zip Code _____

DATE OF BIRTH _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

Married Civil Single Divorced

* If married by Church, Parish/City/State: _____

Religion: _____

MOTHER'S NAME: _____

Maiden Name: _____

Address (If different of the above):

City _____ Zip Code _____

DATE OF BIRTH _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

Married Civil Single Divorced

*If married by Church, Parish/city/State: Same above

Religion _____

EMERGENCY CONTACT ((Other than parent)

NAME: _____

Relationship _____

Phone: () _____

Alternate Phone() _____

Who is authorized to pick up your children

STUDENT INFORMATION

Please start with the oldest child.

STUDENT NAME _____

School _____

Grade (current year) _____ M F Age _____

Date of Birth _____ City/State of Birth _____

Has the child previously attended a Religious Program?
YES NO Last year attended _____

Church/City/State: _____

Sacraments received in the Catholic Church.

Baptism Reconciliation / Confession

First Communion Confirmation

Allergies or Medical Condition: NONE YES

Explain _____

STUDENT NAME _____

School _____

Grade (current year) _____ M F Age _____

Date of Birth _____ City/State of Birth _____

Has the child previously attended a Religious Program?
YES NO Last year attended _____

Church/City/State: _____

Sacraments received in the Catholic Church.

Baptism Reconciliation / Confession

First Communion Confirmation

Allergies or Medical Condition: NONE YES

Explain _____

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Grade (current year) _____ M F Age _____

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Has the child previously attended a Religious Program?
YES NO Last year attended _____

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Grade (current year) _____ M F Age _____

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YES NO Last year attended _____

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First Communion Confirmation

Allergies or Medical Condition: NONE YES

Explain _____

YES, I consent information pertaining to my child sent to a parent residing at another address

NAME /ADDRESS _____

YES, I would like any Religious Education notices sent to my E-mail address.
E-mail _____



**FAMILY TIME AND TALENT CONTRIBUTION
FOR THE RELIGION EDUCATION CALENDAR YEAR**

NAME OF VOLUNTEER _____

M F 14-17 18-UP

HOME PHONE () _____

Cell Phone () _____

E-mail _____

I would like to be a:

Teacher Aide Substitute

Chaperone Teen Helper

***ALL VOLUNTEERS 18 OR OLDER MUST COMPLETE PROTECTING GOD'S CHILDREN TRAINING.**

Now Online - Please check the website
www.ceorockford.org

**FAMILY FINANCIAL CONTRIBUTION
FOR THE RELIGION EDUCATION CALENDAR YEAR**

1. REGISTRATION FEES:

MONTH OF JULY \$0

AUGUST \$35

2. TUITION

1 Child \$100

2 Children or more 120

3. HOME STUDY: 100

4. SACRAMENTAL FEES:

\$20 per person

First Communion 1 2 _____

Confirmation 1 2 _____

TOTAL AMOUNT DUE _____

***Please make checks payable to: ST. PETER CHURCH**



OFFICE USE ONLY		
DATE	AMOUNT	CHECK/CASH

SAINT PETER CATHOLIC CHURCH

620 Blackhawk Boulevard
South Beloit, IL 61080



REGISTRATION FORM



Religious Education

325 Oak Grove Ave
South Beloit, IL 61080
(815) 525-3400 X206
StPeterReligioused@yahoo.com

**Families attending Saint Peter
Religious Education
Must be Parish registered members**

Please submit with RE Registration Form:

◆ **Parish Registration Form**
—if not a member of this Parish

◆ **Copy of Baptismal Certificate**
—new students not baptized in this parish