

**ST. PETER'S CHURCH  
SACRAMENTS CLASS REGISTRATION FORM  
2006-2007**

CHILD'S NAME \_\_\_\_\_ CHILD'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S (MAIDEN) NAME \_\_\_\_\_

HAS YOUR CHILD BEEN BAPTIZED? \_\_\_\_\_ WHEN \_\_\_\_\_

WHERE? \_\_\_\_\_  
Church City State

**WHAT SACRAMENTS WOULD YOU LIKE YOUR CHILD TO REGISTER FOR?**

**RECONCILIATION? Y N**

**FIRST COMMUNION/CONFIRMATION? Y N**

PLEASE SHARE ANY OTHER PERTINENT MEDICAL INFORMATION (such as Allergies)

\_\_\_\_\_  
(In the event of illness or injury, if needed, s/he may be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.)

**CONDUCT CODE:**

WE FOLLOW ADULT DIRECTION \* WE KEEP HANDS AND FEET TO SELF  
WE MAINTAIN A CO-OPERATIVE ATTITUDE \* WE USE MATERIALS THE RIGHT WAY

**CLASS TIME WILL BE SUNDAYS ONCE A MONTH 5:30 – 7 PM. PLEASE SEE SCHEDULE FOR CLASS DATES. MATERIALS FEE IS \$20 A CHILD.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Materials fee collected by: \_\_\_\_\_ Date: \_\_\_\_\_