CATHOLIC COMMUNITIES OF ST. PETER & ST. MARY
2026-2027 FAITH FORMATION REGISTRATION FORM
PLEASE PRINT ALL INFORMATION: INFORMATION IS CONFIDENTIAL.

FAMILY NAME: _____ Registered in Parish: Yes ___ No ___

Father _____ Mother _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

E-Mail Address _____ E-Mail Address _____

Phone _____ _____ _____ Phone _____ _____ _____
(Home) (Work) (Cell) (Home) (Work) (Cell)

Religion _____ Religion _____

Parents are: ☐ married ☐ divorced ☐ separated ☐ remarried ☐ single ☐ widowed

Child lives with: ☐ both parent's ☐ father ☐ mother ☐ guardian

TUITION:

This year we will not be charging tuition for members of our parishes who attend our Religious Formation Program. We believe that it is our responsibility as a parish family to assist you, the parents, in your duty to pass on the faith to our children. Parents are reminded that they are the primary teachers of their children in the ways of the faith. With this in mind, we ask all parents/guardians to review the stewardship form that is enclosed, talk about it with your child/ren, sign it and return it with your registration. This form is a way for you to recommit yourself to the promises that you made when you had your child/ren baptized. May we all be good stewards of God's gifts to us – the gifts of our time, talent, and treasure.

Please Initial

_____ *I am aware that the Diocese of Crookston requires that all of our Catechists and Employees be Safe Environment trained and have background checks done.*
_____ *If my child(ren) is photographed during a parish or youth activity, I give permission for their photograph to be posted on the parish video screen, published in Diocese publications, local newspaper, St. Peter & St. Mary Flocknote & website, or reproduced in parish news.*
_____ *I give permission for my child(ren) to leave the church grounds for Field Trips with Safe Environment trained adults. ie: nursing home, food shelf…*

Parent Signature: _____ Date: _____

Please see reverse side to complete information.

Student 1
Name: _____
first middle last

Student e-mail: _____ Student cell: _____

Birthdate: _____ Grade: _____ Male/Female

Received Sacraments? Baptism yes/no Reconciliation yes/no
First Communion yes/no Confirmation yes/no

Any medical conditions, allergies or special needs: _____
_____

Student 2
Name: _____
first middle last

Student e-mail: _____ Student cell: _____

Birthdate: _____ Grade: _____ Male/Female

Received Sacraments? Baptism yes/no Reconciliation yes/no
First Communion yes/no Confirmation yes/no

Any medical conditions, allergies or special needs: _____
_____

Student 3
Name: _____
first middle last

Student e-mail: _____ Student cell: _____

Birthdate: _____ Grade: _____ Male/Female

Received Sacraments? Baptism yes/no Reconciliation yes/no
First Communion yes/no Confirmation yes/no
Any medical conditions, allergies or special needs: _____
_____

Student 4
Name: _____
first middle last
Student e-mail: _____ Student cell: _____

Birthdate: _____ Grade: _____ Male/Female

Received Sacraments? Baptism yes/no Reconciliation yes/no
First Communion yes/no Confirmation yes/no
Any medical conditions, allergies or special needs: _____
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