CATHOLIC COMMUNITIES OF ST. PETER & ST. MARY 2023-2024 FAITH FORMATION REGISTRATION FORM

Date:						
Student Name:						
	first	middle		last		
Birthdate:	Place of birth:		Grade:			
		city		state		
Baptized at:				Date	\• ·•	
	church name	city	sta	ate		
First Communion				Date:		
	ch	urch name	city	state		
Student address:		•,				•
	street or PO Box	city		sta	te	zip
Provide as much col	ntact information as poss	sible so that we c	an keep you	updated on stu	dent activi	ties!
Parent e-mail:		Home p	hone num	ber:		
Student e-mail: _		St	udent cell:			
Father's Name: _			cel	1:		
Mother's Name: _			ce	11:		
Student lives with	n: circle one Father	Mother	Both			
Father's Religious	s Affiliation:	Mother	's Religious	s Affiliation: _		
Family is register	ed at: circle one St.	Peter's, St. Ma	ary's, Oth	er:		
Emergency Conta	uct:					
	name pecial needs:		tionship	pho	one	
please initial	that the Diocese of C	rookston reauir	res that all	of our Catech	ists and	
Employees be Saj	fe Environment trained	d and have bac	ckground c	hecks done.		
	s photographed durin published in the OND,					· the
	published in the OND, ssion for my child to le					fe
	ned adults. ie: nursing			1	3	
Parent Signature:	F					

\$20 per child registration fee. Make checks payable to St. Peter's.