

**CATHOLIC COMMUNITIES OF ST. PETER & ST. MARY
2024-2025 FAITH FORMATION REGISTRATION FORM**

Date: _____

Student Name: _____
 first middle last

Birthdate: _____ Place of birth: _____ Grade: _____
 city state

Baptized at: _____ Date: _____
 church name city state

First Communion/Reconciliation at: _____ Date: _____
 church name city state

Student address: _____
 street or PO Box city state zip

Provide as much contact information as possible so that we can keep you updated on student activities!

Parent e-mail: _____ Home phone number: _____

Student e-mail: _____ Student cell: _____

Father's Name: _____ cell: _____

Mother's Name: _____ cell: _____

Student lives with: Father Mother Both

Father's Religious Affiliation: _____ Mother's Religious Affiliation: _____

Family is registered at: circle one **St. Peter's, St. Mary's, Other:** _____

Emergency Contact: _____
 name relationship phone

Any allergies or special needs: _____

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 is photographed during a parish or youth activity, I give permission for the photograph to be published in Diocese publications, local newspaper, St. Peter & St. Mary Flocknote & website, or reproduced in parish news.
_____ I give permission for my child to leave the church grounds for Field Trips with Safe Environment trained adults. ie: nursing home, food shelf...

Parent Signature: _____

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