

RELIGIOUS EDUCATION REGISTRATION FORM

Family Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Cell Phone Number: _____

Registered at SS. Peter and Paul Parish? Y N If no, what Parish?: _____

PARENTS/GUARDIANS

Relationship to Child: _____

Relationship to Child: _____

Name: _____

Name: _____

Business: _____

Business: _____

Business Phone: _____

Business Phone: _____

Religion: _____

Religion: _____

EMERGENCY DATA

Physician Name: _____

Phone Number: _____

Hospital Preference: _____

Emergency Contact: _____ Phone Number: _____

In case of serious illness or accident (serious as perceived by authorized individual at the time), if I cannot be reached by SS. Peter and Paul School of Religious Education, I authorize the school to call 911 so that my child may be taken for emergency care. I understand that all financial costs involved are my responsibility. I understand that the school will make every effort to contact me or one of the people I have named before taking any action.

Parent/Guardian Signature: _____

Registration Fee is \$35.00 for single child or \$50.00 for any family with two or more children. Please make check payable to: SS. Peter and Paul.

Amount Paid: _____

Cash/Check #: _____

Date: _____