2015-16

Our Mother of Sorrows/St. Peter's Parish

Religious Education Registration Form

If you already have a child registered in this program, please do not fill out this form and simply use the existing registration card for your family.

CHILD'S LAST NAME:_____

ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

*Your e-mail address will be used **only** for communication purposes from the Religious Ed. program. It will not be distributed for commercial use.*

CHILD LIVES WITH: (CHECK ONE): MOTHER ___ FATHER ___ BOTH ___

FATHER'S NAME: Catholic? Yes __ No__

MOTHER'S NAME (INCL. MAIDEN): Catholic? Yes __ No__

REGISTERED WITH PARISH: Yes __ No__

CHILDREN TO BE REGISTERED WITH PROGRAM FOR 2015-16:

NAME	BIRTH DATE	GRADE AS OF SEPT. 2015	COPY OF BAPTISM CERTIFICATE*	1ST RECONCILIATION (CHURCH AND DATE)	1ST EUCHARIST (CHURCH AND DATE)
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		

If the answer is "no", please provide a copy of the baptism certificate as soon as possible. If you are unable to locate it, please call the office of the church where your child was baptized and they will issue a new one to you. This document is ***MANDATORY for receiving sacraments.**

FEES: Registration PLUS Tuition

Registration Fee (one fee per family) $75.00 if registered with parish $_____

$125.00 if not registered with parish $_____

PLUS Tuition Fee $15.00 per child (___ children x $15) $_____

TOTAL FEES $_____

Office use only:

Amount Paid: _____

Check#: _____

Cash: _____

Initials and date: _____