

**THE CHURCH OF ST. PETER
OFFICE OF FAITH FORMATION
241 BROADWAY, SARATOGA SPRINGS, NEW YORK 12866
GRADES K - 6 518-587-4487**

Name of Child _____ Male _____ Female _____

Address _____
(city) (zip)

Grade as of Sept. 2023 _____ School _____

Child's Date of Birth _____ City/State of Birth _____

Is Child Baptized? Yes _____ No _____ In Catholic Church Yes _____ No _____
(circle) (circle)

Was Baptism at St. Peter's in Saratoga Springs? Yes _____ No _____

If not, church/place? _____

Please provide us with a copy of the Baptismal Certificate as we need it for our files.

Other Sacraments:

First Eucharist: Yes/No Church/Place/Date _____

Reconciliation (Confession): Yes/No Church/Place/Date _____

Confirmation: Yes/No Church/Place/Date _____

Has child had religious education previously? If yes, list place, date, and grade level completed.

Family Information:

Parent: _____
(first) (maiden) (last) (religion)

Address: _____
(city) (zip)

Phone: _____
(home) (work) (cell) (e-mail)

Parent: _____
(first) (last) (religion)

Address: _____
(city) (zip)

Phone: _____
(home) (work) (cell) (e-mail)

To whom should mail be addressed? _____

REGISTRATION FEE IS DUE AT TIME OF REGISTRATION

Please make check payable to Church of St. Peter

_____ One child	\$75.00 (\$65.00 before June 15, 2023)
_____ Two Children	\$140.00 (\$125.00 before June 15, 2023)
_____ Family	\$160.00 (3 or more children) (\$150.00 before June 15, 2023)

FEES ARE WAIVED FOR CHILDREN OF CATECHISTS OR YOUTH MINISTERS.

Classes are held on designated Sundays from September to May.

(Office Use: Amt. _____ Check# _____ Cash _____ Date Received _____)

PLEASE COMPLETE THE REVERSE SIDE

Student Name _____ Grade as of Sept 2023 _____

For Office Use: Catechist _____

Does your son/daughter have any medical conditions such as allergies, ADD or ADHD, etc. or is your child on medication that we and their catechist should be made aware of?

Please list any other information that we and your son/daughter's catechist should be made aware of.....recent divorce, death in the family, etc.

Phone number where we can reach you during class time: _____

Best way to contact you in the event of a class change/cancellation, illness:

_____ Email _____ Cell Phone _____ Home phone

I authorize the following people to pick up this child from Religious Education classes at the Church of St. Peter (child must be picked up in the classroom). *Please include parent names.*

NAME	RELATIONSHIP TO CHILD
1. _____	_____
2. _____	_____
3. _____	_____

Our Religious Education program depends on the generosity of our volunteers. Please consider volunteering in at least one of the following ways:

- _____ catechist
- _____ substitute catechist
- _____ assistant catechist
- _____ grade level
- _____ one on one aide to work with special needs children
- _____ Hall Monitor / gate keeper
- _____ hospitality for special events (parent meetings, First Reconciliation, First Eucharist, etc).
- _____ Children's Liturgy of the Word catechist

I understand that during the Rite of Baptism I made a verbal commitment accepting the responsibility of training my son/daughter in the practice of the Catholic Faith. Because my son's/daughter's baptism made him/her a member of the Catholic Faith Community, I realize the importance of making a serious effort to participate in an active way in the life of the Community of St. Peter's Catholic Church. The most important aspect of this is attending weekly mass and mass on Holy Days of Obligation. In recognition of the importance of my role as parent in the Faith life of my child, I pledge myself to provide a Christian example for my son/daughter as lived out in the Catholic tradition.

Signature of Parent/Guardian

Date

**PERMISSION FOR PHOTOGRAPHS
AND TAPE RECORDING
SCHOOL YEAR
SEPTEMBER 2023-2024**

_____ I hereby authorize and give my consent for the taking of pictures (moving or still)
of _____ for possible publication in the Diocesan
newspaper, the Evangelist and Church of St. Peter website.

_____ I DO NOT authorize and give my consent for the taking of pictures (moving or
still) of _____.

Date

Signature

Relationship

This space may be used to state any restrictions you may have on the above.

Parents and or guardians: Complete this section ONLY if you want your child to be released from the classroom into the care of a SIBLING.

RELEASE FOR STUDENT PICKUP by a SIBLING

Name _____ Age _____

Grade for 2023-2024 _____

Parish _____

City _____

I, _____ (parent or legal guardian), the undersigned, give my permission for _____ to leave their classroom with
(name of student)

their sibling _____ and
(name of sibling)

go to _____ at the end of Religious Education
(designated location)

class session. I relieve the parish of the Church of St. Peter of all responsibility and consequences that may arise. I will not hold St. Peter's Parish or the leadership person responsible in the event of injury.

Signature (Parent/Guardian)

Date