

**FIRST TIME REGISTRATION - NEW TO RELIGIOUS ED. PROGRAM
2007 - 2008**

CHILD'S NAME _____
LAST FIRST MIDDLE

FAMILY NAME _____

CHILD'S DATE OF BIRTH _____ PLACE _____
MONTH DAY YEAR

FATHER'S NAME (FIRST) _____ (LAST) _____

RELIGION _____ OCCUPATION _____ BUS. PHONE NO. _____

MOTHER'S NAME (FIRST) _____ (LAST) _____ (MAIDEN) _____

RELIGION _____ OCCUPATION _____ BUSINESS
PHONE NO. _____

STUDENT'S ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____
PLEASE INCLUDE E MAIL ADDRESS

PHONE (HOME) _____ EMERGENCY _____
(Other than above)

SCHOOL ATTENDING '07 - '08 _____ GRADE IN SEPT. 2007 _____

ARE YOU A REGISTERED MEMBER OF ST. PETER CELESTINE PARISH? _____

(There is an additional fee of \$25 for families who are not formally registered in SPC Parish - new families can become parishioners by calling 667-2440 x222, or register online: www.saintpetercelestine.org & click on registration)

IF NOT, WHAT IS YOUR PARISH? _____

SINGLE PARENT (YES) _____ (NO) _____ GUARDIAN'S FULL NAME _____

CHILD'S BAPTISM DATE _____ CHURCH _____ CITY _____ CERT. _____

CHILD'S 1ST COMMUNION DATE _____ CHURCH _____ CITY _____

HAS CELEBRATED 1ST PENANCE (YES) _____ (NO) _____

ARE THERE MEDICAL or LEARNING CONSIDERATIONS THAT THE RELIGIOUS
EDUCATION OFFICE SHOULD BE AWARE OF TO BETTER CATECHIZE YOUR CHILD?

CONFIDENTIAL INFORMATION _____

FEE ENCLOSED _____

PLEASE LIST ANY OTHER INFORMATION ON THE BACK OF THIS FORM THAT WILL ASSIST
US IN TEACHING YOUR CHILD.

RETURN THIS FORM, THE COMPLETED VOLUNTEER SHEET AND FEE, IN THE ENCLOSED
ENVELOPE. THANK YOU FOR YOUR REGISTRATION.