ST. PETER THE APOSTLE CCD REGISTRATION (2019-2020)

Families who are not registered members of St. Peter the Apostle Parish must provide proof of registration from their parish.

STUDENT NAME

FIRST_____ MI_____ LAST_____

BIRTHDATE (mm/dd/yyy)_____ CURRENT GRADE_____

NAME OF SCHOOL_____

FATHER'S/GUARDIAN'S NAME

FIRST_____ LAST_____

CELL PHONE#_____ Email _____

MOTHER'S/GUARDIAN'S NAME

FIRST_____ LAST_____

CELL PHONE#_____ Email _____

STUDENT'S HOME ADDRSS INCLUDING ZIP CODE

_____

CHURCH WHERE CHILD WAS BAPTIZED

_____

CITY_____ STATE_____

(We will need a copy of baptismal certificate if not baptized at St. Peter the Apostle)

EMERGENCY CONTACT

NAME_____ PHONE #_____

COST: $50 for grades K-7 $75 for 8th grade

PLEASE USE THE BACK OF THIS FORM TO LET US KNOW OF ANY ALLERGIES OR SPECIAL NEEDS THAT WILL HELP US IN SERVING YOUR CHILD