

**2008- 2009; SAINTS PETER AND PAUL CHRISTIAN FORMATION OFFICE
900 HIGH STREET; EASTON, MARYLAND 21601; 410-822-6581**

NEW STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION.

DATE: _____

STUDENT NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET

CITY STATE ZIP CODE

DATE OF BIRTH: _____ TELEPHONE: _____

E-MAIL: _____

Does your child have special needs? _____ Please specify (hearing, visual, emotional,
reading, etc.) _____

SCHOOL ATTENDING IN SEPTEMBER: _____

GRADE ENTERING IN SEPTEMBER: _____

LANGUAGE SPOKEN IN HOME: _____

MARITAL STATUS OF PARENTS:
MARRIED _____ DIVORCED _____ SEPARATED _____

MOTHER'S NAME: _____
LAST FIRST

DATE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ WORK PHONE: _____

FATHER'S NAME: _____
LAST FIRST

DATE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ WORK PHONE: _____

IF THE ABOVE LISTED PARENTS ARE NOT LEGAL GUARDIANS, PLEASE STATE:

NAME OF STEPPARENT: _____
LAST FIRST

REGISTRATION/BOOK-MEDIA FEE: \$70.00 per child
\$120.00 for two children
\$150.00 for three or more children

Enclosed is a check in the amount of \$_____ Cash payment of \$_____
If a family needs financial assistance, please notify the office. All are welcome. Inquires are kept confidential.

Are you registered in Saints Peter and Paul Parish? _____ Envelope # _____

VERIFICATION OF PARISH MEMBERSHIP (FROM PARISH OFFICE) AND A BAPTISMAL CERTIFICATE MUST BE SUPPLIED WHEN REGISTERING.

SACRAMENTS RECEIVED

BAPTISMAL DATE: _____

CHURCH NAME AND ADDRESS: _____

RECONCILIATION DATE: _____

CHURCH NAME AND ADDRESS: _____

EUCCHARIST DATE: _____

CHURCH NAME AND ADDRESS: _____

CONFIRMATION DATE: _____

CHURCH NAME AND ADDRESS: _____

It is our policy to meet with all new families that are joining the Christian Formation Program. Please fill in a date that will be convenient for you. The office hours are Monday through Friday 8:30 a.m. – 3:00 p.m. and Sunday 9:00 a.m. – 11:00 a.m. or by special appointment. Please call the office to confirm date and time. Thank you.

DATE: _____ TIME: _____

MEDIA RELEASE

For the purpose of publicizing SSPP Religious Education and its activities, student pictures are used in website and media correspondence.

____ Yes, it is fine to use my student's likeness on the website or in media correspondence.

____ I do not wish to have my student's likeness used in any format.

Parent signature

For office use:

amount paid _____ **check # or cash** _____ **date received** _____