

**St. Peter the Apostle Catholic Church CCD Registration 2025-2026**

**STUDENT INFORMATION**

Student Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Address: \_\_\_\_\_

**PARENTAL INFORMATION**

Father's Full Name: \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Father's email (one required) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Phone : \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Mother's email (one required) \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

Any information concerning allergies, physical, social, or learning disabilities, family situations, personal problems, etc., which could better help your child \_\_\_\_\_

**STUDENT HISTORY**

Last CCD grade completed: \_\_\_\_\_ School grade this year: \_\_\_\_\_

**SACRAMENTS: FIRST TIME REGISTRANTS:**

**IF SACRAMENTS OF BAPTISM AND FIRST COMMUNION WERE RECEIVED OUTSIDE OF ST. PETER CHURCH, A COPY OF CERTIFICATES MUST BE SUBMITTED BEFORE CLASSES BEGIN.**

Church of Baptism: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

One child: Additional Child: \_\_\_\_\_

Additional Child: \_\_\_\_\_

Late Fee: \_\_\_\_\_

Total: \_\_\_\_\_

**Registration Fee for 1 Child is \$35 Each additional Child is \$25**

Late registration will only be taken until classes begin.

Late fee is \$25.

**Please make all check payable to: St. Peter Church**

Cash \_\_\_\_\_

Check \_\_\_\_\_

Date paid: \_\_\_\_\_

Revised 07-2025