

St. Peter the Apostle Catholic Church CCD Registration 2026-2027

STUDENT INFORMATION:

Full Name: _____ DOB: _____
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: _____

IF SACRAMENTS OF BAPTISM AND FIRST COMMUNION WERE RECEIVED OUTSIDE OF ST. PETER'S CHURCH, A COPY OF CERTIFICATES MUST BE SUBMITTED BEFORE CLASSES BEGIN. PLEASE CONTACT THE CHURCH WHERE THESE SACRAMENTS WERE RECEIVED.

SACRAMENTS FOR FIRST TIME REGISTRANTS ONLY:

Church of Baptism: _____ Location: _____ Date: _____

First Communion Church: _____ Location: _____ Date: _____

Registration Fee for 1 Child is \$35

Each additional Child is \$25

Late registration of \$25 will only be taken until classes begin.

Please make all check payable to: St. Peter Church

Cash _____

Check _____

Date paid _____

One child:	_____
Additional Child:	_____
Late Fee:	_____
Total:	_____