

**St. Peter Catholic Church**  
**2019-2020 Religious Education Registration**

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**Welcome Parent and Student Peterites to the new Religious Education school year! We look forward to your participation in our program.**

**FAMILY INFORMATION**

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

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father Work/Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother Work/Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

*We will use email to keep you informed of events. Please check the box if you **do not** use email.* ☐

**EMERGENCY CONTACT**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade in 2019-2020 \_\_\_\_\_ Name of School: \_\_\_\_\_

Notes for Teacher: \_\_\_\_\_

**CHILD 1 SACRAMENT INFORMATION** – *Please provide date & church where sacrament was received.*

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_

1st Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_

**CHILD 1 MEDICAL INFORMATION**

Insurance Carrier: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician's Phone: (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

**CHILD 2 INFORMATION** - *If only one child, please skip to the Medical Liability Release (Page 3).*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade in 2019-2020: \_\_\_\_\_ Name of School: \_\_\_\_\_

Notes for Teacher: \_\_\_\_\_

**CHILD 2 SACRAMENT INFORMATION** - *Please provide date & church where sacrament was received.*

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_

1st Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_

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**CHILD 2 MEDICAL INFORMATION**

Insurance Carrier: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_  
Student's Physician: \_\_\_\_\_ Physician's Phone: (\_\_\_\_) \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other medical concerns: \_\_\_\_\_

➤ *If you are registering more than two children, please pick up an additional form.*

**Parent Volunteer Opportunities**

- |   |  |
|---|--|
| <input type="checkbox"/> I would like to volunteer as a catechist.                | <input type="checkbox"/> I would like to volunteer as a catechist's aide.  |
| <input type="checkbox"/> I would like to volunteer as a substitute teacher.       | <input type="checkbox"/> I have music skills and I would like to volunteer to help with children's music for Youth masses. |
| <input type="checkbox"/> I would like to help with the Christmas Pageant.         | <input type="checkbox"/> I would like to help with special events.   |
| <input type="checkbox"/> I would like to be a Lector and/or Eucharistic Minister. | <input type="checkbox"/> I am interested in the Knights of Columbus.   |
| <input type="checkbox"/> I would like to help with Hospitality.                   | <input type="checkbox"/> I would like to serve as an Usher.  |

**Youth Musicians** – *Young musicians enrich our Youth Masses with their musical talent. The youth musicians practice and participate in mass on a monthly basis.*

☐ I am interested in the youth music ministry. Please contact me with complete information.

**Registration Fee**

The registration fee helps to cover book and class supply expenses. We accept cash or check. Registration fees for the 2019-2020 school year are listed below.

One Child \$25

Family \$35

➤ *Need-based scholarships available upon request.*

In an effort to simplify the snack routine for our families, we will once again provide the students with a light snack to enjoy in class on Sunday morning. Please consider making a Snack Donation to help defray the cost of snacks. The suggested donation is \$15 per child for the entire school year.

*Please submit completed forms and payment to the Church Office or to Honora Shaffer, DRE. Please make check payable to St. Peter Church. You may mail completed forms and payment to St. Peter Church, P.O. Box 430657, Big Pine Key, FL 33043 Attention: Honora Shaffer, DRE.*

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*For Office Use Only*

<b>Reg. Fee Due:</b> _____	<b>Reg. Fee: Pd.:</b> _____	<b>Cash / Check #</b> _____	<b>Snack Donation:</b> _____
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**MEDICAL LIABILITY RELEASE**

I, the undersigned guardian of \_\_\_\_\_,  
do hereby release, forever discharge and agree to hold harmless St. Peter Catholic Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student participant(s) that occur while the student(s) is/are involved in any trip or activity for which I have given him/her permission to attend.

Furthermore, I, on behalf of my child/children, do assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for the aforementioned participant(s).

I do also authorize adult workers with St. Peter Catholic Church and its programs to consent to any examination, X-ray, anesthetic, medical, surgical diagnosis/treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician at such hospital. I assume the responsibility of all medical bills, if any.

The undersigned further agrees to hold harmless and indemnify said church, its directors, employees and adult workers for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I, the undersigned guardian of \_\_\_\_\_,  
do understand that photographs or videos taken during religious education or youth ministry events may be used in St. Peter Catholic Church newsletters, bulletin boards, web pages, or other publications. Additionally, photographs or videos taken during Sacrament celebrations may provided on CD or DVD to the families of children receiving sacraments.

- ☐ I DO NOT want photographs or video of my child or children to be used in St. Peter Catholic Church publications.
- ☐ I DO NOT want photographs or video of my child or children to be included on photo CDs or DVDs provided to families of children in sacrament preparation class.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEXT MESSAGING RELEASE**

I, the undersigned guardian of \_\_\_\_\_,  
do understand that in high school youth ministries text messages may be used to communicate with students. Ultimately, I am responsible for my children's communications, but I understand that these tools are used for the means of effective communication.

- ☐ I DO NOT want St. Peter Church Youth Ministry volunteers to communicate with my child via text messaging.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_