Mount Saint Peter Church
Faith First Registration Form

Student Name_____ ☐ **Male** ☐ **Female**
Last First Middle

Address _____

_____

Birth Date _____ **Grade Level** _____

School District _____

School Attending _____

Parish Affiliation _____

Sacraments the Student has received: (circle all that apply)
Baptism **Reconciliation** (Confession) **Eucharist** (First Communion) **Confirmation**

Miscellaneous information we should know about the student (medical conditions / allergies, etc.)

_____

_____

Mother's Name: _____ ☐ Living ☐ Deceased

Mother's Maiden Name:_____ Religion _____

Address: _____
Phone Numbers:
Home: _____ Cell: _____
Work: _____ Other: _____
E-mail address**:** _____

Father's Name: _____ ☐ Living ☐ Deceased

Religion: _____

Address: _____

Phone Numbers:
Home: _____ Cell: _____
Work: _____ Other: _____
E-mail address**:** _____

(See other side of form.)

Additional Contact: Name:_____
(neighbor, grandparent, family friend, etc.)
Phone Number: _____

Emergency Contact Person: _____
(If parent cannot be reached in an emergency, person who should be contacted)

Phone Number: _____ Relationship: _____

If parents are separated or divorced, please complete the following. Information will remain confidential but may be shared with a particular catechist on an "as needed" basis to provide for the security of the child:

With whom does the child live?

_____

Who is responsible for transporting the child to and from Faith First classes?

_____

Are there any concerns or situations of which we should be aware pertaining to the safety or security of this child?

_____

_____

_____

Names & Grades of Other Children in Faith First:

_____

_____

_____

NOTE:

If more than one child is being registered, it is necessary to complete the entire form only once; for each additional child, complete only the yellow shaded section. Submit all the forms from one family together with registration fees. Return to parish office by mail, in person, or by dropping into the collection basket on Sunday.

(See other side of form.)