

# RELIGIOUS EDUCATION REGISTRATION - 2009 - 2010

You may use one form for your entire family.

Please refer to the list below when completing this form.

Write only the program letter and please indicate all that apply.

**Classes begin September 20, 2009 - 10:00am – 11:15am**

Faith Formation / Sunday School / Sacramental Preparation

- |                         |   |
|-------------------------|---|
| 1) Grade K-12           | 5) First Communion/Reconciliation                 |
| 2) First Reconciliation | 6) Confirmation                                   |
| 3) Adult Faith Sharing  | 7) Rite of Christian Initiation for Adults (RCIA) |
| 4) Volunteer Ministries | 8) Adult Bible Study                              |

Family's Last Name \_\_\_\_\_ Adult 1<sup>st</sup> names \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

e-mail address \_\_\_\_\_

Are you registered parishioners of our parish? YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Name \_\_\_\_\_ Program(s) interested in \_\_\_\_\_

First Last Birth date \_\_\_\_\_

Grade (Fall 2009) \_\_\_\_\_ Baptized place/date \_\_\_\_\_

Child's Name \_\_\_\_\_ Program(s) interested in \_\_\_\_\_

First Last Birth date \_\_\_\_\_

Grade (Fall 2009) \_\_\_\_\_ Baptized place/date \_\_\_\_\_

Child's Name \_\_\_\_\_ Program(s) interested in \_\_\_\_\_

First Last Birth date \_\_\_\_\_

Grade (Fall 2009) \_\_\_\_\_ Baptized place/date \_\_\_\_\_

Child's Name \_\_\_\_\_ Program(s) interested in \_\_\_\_\_

First Last Birth date \_\_\_\_\_

Grade (Fall 2009) \_\_\_\_\_ Baptized place/date \_\_\_\_\_

Adult Name \_\_\_\_\_ Program(s) interested in \_\_\_\_\_

First Last

Adult Name \_\_\_\_\_ Program(s) interested in \_\_\_\_\_

First Last

**Sunday School Fee: \$40 per child or \$75 per family - Materials for each Sacrament:\$25**

**☺Discount...If you pay by OCTOBER 4<sup>th</sup>...\$35 per child...\$65 per family**

Please include a copy of your Child's **BAPTISMAL CERTIFICATE**. If your child was not baptized at **ST. PETER, OAKLAND OR IMMACULATE CONCEPTION, KITZMILLER.**

(If you have done this in past years, you do not need to do it again)

THANK YOU.

If your child has special needs, please let us know on the back of this form.

**(Please use reverse side if additional space is needed.)**