

Sts. Peter and Paul Church 2017-2018 CCE Registration Form

Please Print

Today's Date: _____

New Members: YES

FAMILY NAME: _____ ADDRESS: _____ PHONE: _____

Father's Name: _____ (Religion: _____) Mother's First Name: _____ (Religion: _____)

Mailing Address: _____ City: _____ Zip Code: _____

Marital Status: Single Married Widow Separated Divorced

Father's Work #: _____ Cell: _____ Text: Y N Mother's Work#: _____ Cell: _____ Text: Y N

Languages Spoken: English Spanish English & Spanish

In Case of Emergency Contact: Name _____ Phone# _____

E-mail Address(es): _____

Student's Name (Include different last name if any)	Date of Birth	Place of Birth City and State	Sex M/F	Grade	Attended CCE Last Year?	Sacraments Received Where?
1. Special Needs/Allergies – Explain:		City: _____ State: _____			Yes No Where?	Baptism: Yes No _____ Communion: Yes No _____ Confirmation: Yes No _____
2. Special Needs/Allergies – Explain:		City: _____ State: _____			Yes No Where?	Baptism: Yes No _____ Communion: Yes No _____ Confirmation: Yes No _____
3. Special Needs/Allergies – Explain:		City: _____ State: _____			Yes No Where?	Baptism: Yes No _____ Communion: Yes No _____ Confirmation: Yes No _____
4. Special Needs/Allergies – Explain:		City: _____ State: _____			Yes No Where?	Baptism: Yes No _____ Communion: Yes No _____ Confirmation: Yes No _____
5. Special Needs/Allergies – Explain:		City: _____ State: _____			Yes No Where?	Baptism: Yes No _____ Communion: Yes No _____ Confirmation: Yes No _____

Registration Fees per Year: \$25 per child / \$75 max per family if paid by August 20, 2017 (Catechists and Aides – no charge for registration)
\$35 per child / \$90 max per family if paid after August 20, 2017

******Please attach a copy of your child's Baptismal Certificate (if not yet provided) with your Registration Form******