

St. Peter's Catholic Church
 507 South Tryon Street
 Charlotte NC 28202
 704 332-2901 fax:704 358-0050
 www.stpeterscatholic.org

REGISTRATION FORM
Faith Formation 2010—2011
Return to office by September 5

OFFICE USE ONLY
 Date _____
 Check # _____
 Amount _____
 Cash \$ _____

Parish ID/Envelope #: _____ **Home Phone:** _____

Family Last Name: _____

Email: _____

May we use email as a correspondence method? Yes No

Address: _____

<u>Father</u>	<u>Parents/Guardians</u>	<u>Mother</u>
_____	NAME (mother include maiden) _____	_____
_____	BUSINESS PHONE _____	_____
_____	CELL PHONE _____	_____
_____	RELIGION _____	_____
Local Emergency Contact		
Name: _____ Phone Number: _____		

CLASSES OFFERED Please indicate which programs your children will participate in this year.
*For Atrium sessions please mark your 1st choice for either the Wednesday or Sunday sessions.
 Every effort will be made to accommodate your choice, assignments will be made on order received.*

Atrium I—3 to 6 year olds (pre-K, & K)	Sunday	10:00—11:20 am	_____	\$25.00 fee
	Wednesday	6:15—7:30 pm	_____	per child
Atrium II—6 to 9 year olds (grades 1,2,3)	Sunday	10:00—11:20 am	_____	\$25.00 fee
	Wednesday	6:15—7:30 pm	_____	per child
Atrium III—9 to 12 year olds (grades 4, 5, 6)	Sunday	10:00—11:20 am	_____	\$25.00 fee
	Wednesday	6:15—7:30 pm	_____	per child

SACRAMENTAL PROGRAMS

First Reconciliation/First Eucharist Select Wednesdays 6:15—7:30 pm _____ **\$25.00 fee**
*Catholic School children only need to attend these parish sessions. All others **must** be enrolled in catechesis as well.
 The total fee is \$25 per student. Those in both Catechesis & Sacramental prep only pay \$25. Do not pay twice.*

Confirmation I—7th graders	Sunday	10:00—11:20 am	_____	\$25.00 fee
Confirmation II—8th graders	Service and meetings to be determined			_____

1. **Child's Name** _____ **Nickname?** _____
Birthdate _____ **Sex** _____ **Grade Fall 2010** _____
School _____ **Baptized? Yes No**
Baptism date _____ **Church** _____ **City/State** _____
Reconciliation? Yes No Eucharist? Yes No Confirmation? Yes No
Illness & Injury (check those that apply and add specifics)
 _____ Asthma _____ Diabetes _____ Convulsions _____ Epilepsy _____ ADD/ADHD _____ Other
Allergies
 _____ Medicine _____ Insect Bite/Sting _____ Food _____ Animals _____ Plants _____ Other
Please specify any checked items _____

2. **Child's Name** _____ **Nickname?** _____
Birthdate _____ **Sex** _____ **Grade Fall 2010** _____
School _____ **Baptized? Yes No**
Baptism date _____ **Church** _____ **City/State** _____
Reconciliation? Yes No Eucharist? Yes No Confirmation? Yes No
Illness & Injury (check those that apply and add specifics)
 _____ Asthma _____ Diabetes _____ Convulsions _____ Epilepsy _____ ADD/ADHD _____ Other
Allergies
 _____ Medicine _____ Insect Bite/Sting _____ Food _____ Animals _____ Plants _____ Other
Please specify any checked items _____

3. **Child's Name** _____ **Nickname?** _____
Birthdate _____ **Sex** _____ **Grade Fall 2010** _____
School _____ **Baptized? Yes No**
Baptism date _____ **Church** _____ **City/State** _____
Reconciliation? Yes No Eucharist? Yes No Confirmation? Yes No
Illness & Injury (check those that apply and add specifics)
 _____ Asthma _____ Diabetes _____ Convulsions _____ Epilepsy _____ ADD/ADHD _____ Other
Allergies
 _____ Medicine _____ Insect Bite/Sting _____ Food _____ Animals _____ Plants _____ Other
Please specify any checked items _____

Name of Physician _____ Phone _____
 Medical Insurance Company _____ Policy # _____
 IF I CAN NOT BE REACHED IN CASE OF EMERGENCY, THE BEARER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR THE ABOVE NAMED CHILDREN.

We need your assistance to make our program a success!
Please write name of adult volunteers below.

Assist in the Atrium (1 or 2 times a month) **Sunday** _____ **Wednesday** _____
 There is an Assistant Training session on Saturday, September 18 at 10:00 am in all three of the Atria.

Cleaning assistant in Atrium (flexible schedule) _____

Communication Assistant (flexible schedule—newsletter, bulletin board) _____

Make materials (occasional) **General** _____ **Skilled** _____
 (carpentry, art, calligraphy, etc)

Photographer (occasional) _____ **Potluck Meals** _____

Chaperone 8th grade Service Projects (occasional, as needed) _____