



Partner Parishes of  
**The Historic Church of St. Peter  
 & St. Cecilia**  
 Faith Formation

Child's Name					
Address		City, State, Zip			
Phone		Alternate Phone			
Parent/Guardian Email Address (please print)					
Our Family belongs to		St. Peter <input type="checkbox"/>		St. Cecilia <input type="checkbox"/>	
				Need to Register <input type="checkbox"/>	
Date of Birth		Age		Grade in 2023/24	
School Attending					
Is your child Baptized?		YES or NO (please circle one) If yes, what date/where? _____			
Did your child make First Reconciliation?		YES or NO (please circle one) If yes, what date/where? _____			
Did your child make First Holy Communion?		YES or NO (please circle one) If yes, what date/where? _____			
Did your child make Confirmation?		YES or NO (please circle one) If yes what date/where? _____			
Food Allergies, Medical Conditions or Learning Needs					
Name of Mother		Name of Father			
Marital Status (circle)		Single		Married	
				Divorced	
				Widowed	
				Separated	
Emergency Contact Name					
Relationship to Child					
Emergency Contact Phone Number					
Additional Information					
Photo/ Reminder Permission					
<p>I hereby grant permission for my child listed on this form to be included in pictures, promotional material, and publications connected with Faith Formation at Partner Parishes of The Historic Church of St. Peter and St. Cecilia. I also grant permission to be signed up for reminders via text or email provided.</p> <p><b>**If applicable, please attach a copy of custody/guardianship papers to be on file. All student documentation is confidential.</b></p>					

Child's Name			
Parent's Signature		Date	