

PERMANENT INFORMATION—Please PRINT clearly

PARISH ID NUMBER \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Married  Civil  Single  Divorced

\* If married by Church, Parish/City/State:

Religion: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address (If different of the above):

City \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Married  Civil  Single  Divorced

\*If married by Church, Parish/city/State: Same above

Religion \_\_\_\_\_

EMERGENCY CONTACT ((Other than parent)

NAME: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Alternate Phone( ) \_\_\_\_\_

Who is authorized to pick up your children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT INFORMATION - Please start with the oldest child  
Bring copy of Baptismal Certificate if not baptized in this parish.

STUDENT NAME \_\_\_\_\_

School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M  F  Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Has the child previously attended a Religious Program?

YES  NO  Last year attended \_\_\_\_\_

Church/City/State: \_\_\_\_\_

Sacraments received in the Catholic Church.

Baptism  Reconciliation / Confession

First Communion  Confirmation

Allergies or Medical Condition: NONE  YES

Explain \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M  F  Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Has the child previously attended a Religious Program?

YES  NO  Last year attended \_\_\_\_\_

Church/City/State: \_\_\_\_\_

Sacraments received in the Catholic Church.

Baptism  Reconciliation / Confession

First Communion  Confirmation

Allergies or Medical Condition: NONE  YES

Explain \_\_\_\_\_

STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_

School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M  F  Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Has the child previously attended a Religious Program?

YES  NO  Last year attended \_\_\_\_\_

Church/City/State: \_\_\_\_\_

Sacraments received in the Catholic Church.

Baptism  Reconciliation / Confession

First Communion  Confirmation

Allergies or Medical Condition: NONE  YES

Explain \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

School \_\_\_\_\_

Grade (current year) \_\_\_\_\_ M  F  Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Has the child previously attended a Religious Program?

YES  NO  Last year attended \_\_\_\_\_

Church/City/State: \_\_\_\_\_

Sacraments received in the Catholic Church.

Baptism  Reconciliation / Confession

First Communion  Confirmation

Allergies or Medical Condition: NONE  YES

Explain \_\_\_\_\_

YES, I consent information pertaining to my child sent to a parent residing at another address

NAME /ADDRESS \_\_\_\_\_

YES, I would like any Religious Education notices sent to my E-mail address.  
E-mail \_\_\_\_\_



**FAMILY TIME AND TALENT CONTRIBUTION  
FOR THE RELIGION EDUCATION CALENDAR YEAR**

NAME OF VOLUNTEER \_\_\_\_\_

M  F  14-17  18-UP

HOME PHONE ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

I would like to be a:

Teacher  Aide  Substitute

Chaperone  Teen Helper

**\*ALL VOLUNTEERS 18 OR OLDER MUST COMPLETE  
PROTECTING GOD'S CHILDREN TRAINING.**

Now Online - Please check the website  
[www.ceorockford.org](http://www.ceorockford.org)

**FAMILY FINANCIAL CONTRIBUTION**

**FOR THE RELIGION EDUCATION CALENDAR YEAR**

**1. REGISTRATION FEES:**

1 Child \$100

2 Children 120

3 Children or more 140

**2. HOME STUDY: 100**

**3. SACRAMENTAL FEES:**

\$20 per person

First Communion 1  2  \_\_\_\_\_

Confirmation 1  2  \_\_\_\_\_

**4. BIBLE (4<sup>TH</sup> Grade only)**

\$20 per Bible 1  2  \_\_\_\_\_

**Subtotal** \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**\*Please make checks payable to: ST. PETER CHURCH**



OFFICE USE ONLY		
DATE	AMOUNT	CHECK/CASH

**SAINT PETER CATHOLIC CHURCH**

620 Blackhawk Boulevard  
South Beloit, IL 61080



**REGISTRATION FORM**



**Religious Education**

325 Oak Grove Ave  
South Beloit, IL 61080  
(815) 525-3400 X206  
StPeterReligioused@yahoo.com



**Families attending Saint Peter  
Religious Education  
Must be Parish registered members**

Please submit with RE Registration Form:

- ◆ **Parish Registration Form**  
—if not a member of this Parish
- ◆ **Copy of Baptismal Certificate**  
—new students not baptized in this parish
- ◆ **Recent photo of student**  
—Every year. Every student.