



REGISTRATION 2017 - 2018

\$35 PER CHILD / \$100 MAX PER FAMILY

REGISTRATION DEADLINE: AUGUST 20, 2017

Parish Registration is **REQUIRED** for participation in St. Peter's PREP. Parish registration forms may be obtained from a member of the welcome committee or in the parish office.

FAMILY INFORMATION

Father Stepfather Grandfather Guardian Child(ren) reside with this person:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

Mother Stepmother Grandmother Guardian Child(ren) reside with this person:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

EMERGENCY (NON-IMMEDIATE FAMILY) CONTACT INFORMATION

** PLEASE PROVIDE CONTACT INFORMATION OF SOMEONE OTHER THAN PARENT/GUARDIAN LISTED ABOVE **

Emergency Contact (Not Parent or Guardian) First/Last Name: _____

Emergency Contact (Not Parent or Guardian) Phone Number: _____

Relationship to Child(ren): _____

FOR OFFICE USE ONLY

Date Received: _____

Fee Paid: _____

Check/Receipt #: _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

_____ Initials I, who by law may do so, hereby authorize the administration of emergency medical treatment for the child(ren) listed on the attached registration form(s). I understand that I will be notified immediately, but if surgical or medical treatment is necessary, and I cannot be reached, I consent to the action(s) of the attending physician or dentist. I hereby release St. Peter's Catholic Church, and its agents, from liability for action pursuant to this release. The dates for this authorization are August 27, 2017 through May 20, 2018.

PERMISSION TO TAKE PHOTOGRAPHS / VIDEO

_____ Initials Many of the activities at St. Peter's PREP are published in the weekly bulletin and featured on the parish website. Although much of the information shared is in text, photos and other graphics are an important component of our communication methods. We do not share personal information with any photographs. I hereby grant permission deny permission for the Religious Education staff of St. Peter's Catholic Church to make photographs of my child(ren) during Parish Religious Education Program (PREP) classes and/or activities. The dates for this permission are August 27, 2017 through May 20, 2018.

SAFE ENVIRONMENT TRAINING FOR CHILDREN

_____ Initials The Archdiocese of Atlanta requires VIRTUS safe environment training for the children who attend our PREP classes and other activities at the parish. We are *required* to offer this training every three years for all children enrolled in St. Peter's PREP from K-12 and each year to those students who are newly registered in our program. Although we are required to offer the training, it is *optional* for the parents who would rather educate their own children about the possible dangers within their environment at home, at school, and at church. I hereby grant permission deny permission for my child(ren) to participate in the VIRTUS Safe Environment Training sessions this year.

By signing below, I state that I am the individual that has filled out this registration form and initialed the spaces above giving, or withholding, my authorization for emergency medical treatment, photographs, and safe environment training for the child(ren) listed on the attached registration form(s).

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____



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PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

CHILD #1

CHILD #2

CHILD #3

Last Name: _____

First Name: _____

Date of Birth: _____

Gender: Male Female Male Female Male Female

School: _____

Current Grade: _____

Baptized: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Reconciliation: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Eucharist: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Confirmation: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Special Needs: _____



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PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

CHILD #4

CHILD #5

CHILD #6

Last Name: _____

First Name: _____

Date of Birth: _____

Gender: Male Female Male Female Male Female

School: _____

Current Grade: _____

Baptized: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Reconciliation: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Eucharist: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Confirmation: Yes No Yes No Yes No

Date: _____

Church: _____

City/State: _____

Special Needs: _____