

St. Peter Parish
Religious Education Registration
322 S Fifth Street, Reading, PA 19602

Family Last Name

Date:

Father's Name

Home Phone

Mother's Name

Mom/Dad Work/Cell:

Mother's Maiden Name

Emergency Contact

Custodial Parent, if different from above:

E-Mail

Home address:

Both Parents Catholic?

Yes

No

First Child

Date of Birth

Sex

Male

Female

Sacraments and Dates

Baptism

Was the Baptism Catholic?

Date

Yes

No

Yes

No

Penance

Confirmation

Eucharist

Yes

No

Yes

No

Yes

No

Date

Date

Date

List any special needs: medical, learning disabilities, physical disabilities.

Second Child

Date of Birth

Sex

Male

Female

Sacraments and Dates

Baptism

Was the Baptism Catholic?

Date

Yes

No

Yes

No

Penance		Confirmation		Eucharist	
Yes	No	Yes	No	Yes	No
Date		Date		Date	

List any special needs: medical, learning disabilities, physical disabilities.

Third Child	Date of Birth	Sex
		Male Female

Sacraments and Dates

Baptism		Was the Baptism Catholic?		Date	
Yes	No	Yes	No		
Penance		Confirmation		Eucharist	
Yes	No	Yes	No	Yes	No
Date		Date		Date	

List any special needs: medical, learning disabilities, physical disabilities.

Fourth Child	Date of Birth	Sex
		Male Female

Sacraments and Dates

Baptism		Was the Baptism Catholic?		Date	
Yes	No	Yes	No		
Penance		Confirmation		Eucharist	
Yes	No	Yes	No	Yes	No
Date		Date		Date	

List any special needs: medical, learning disabilities, physical disabilities.

NOTE: If any of your children were baptized outside of St. Peter Parish and you have not already supplied us with a copy of each child's baptismal record you will need to supply one for our files.

You may print a copy of this registration for your records and E-mail the completed form to Sister Margaret at ihmcucar@yahoo.com or print the completed form and drop it off at the Parish House. Thank you.