

**St Peter Parish  
Religious Education Registration**

**Mail completed registration to:**

St. Peter's Attn: Stacy Johnston - PO Box 278, Libertytown, MD 21762 (301) 898-5111

Date: \_\_\_\_\_

Family: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mom/Dad Work: M \_\_\_\_\_ D \_\_\_\_\_

Emerg. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_ School: \_\_\_\_\_

Rel Ed mailing to additional address? If so, state: \_\_\_\_\_

Both Parents Catholic? Y N

**NOTE: Must be 4 by 9/1/08 to be eligible for PreSchool**

Child	Birthdate	Sex	Grade	Session	Sacr. Program?
Sacrament Recvd and Date: Baptism <i>Catholic?</i> Eucharist Penance Confirmation					
	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

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Sacrament Recvd and Date: Baptism <i>Catholic?</i> Eucharist Penance Confirmation					
	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

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

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_