

**St. Peter Parish, Volo, IL**  
**Religious Education Program**  
**Registration Form for 2019-2020**  
**Day: Tuesday's / Time: 6:30-7:30PM**

**Print all information**

Family Last Name	Street Address	City & State	Zip
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Mother/Guardian Name	Mother's Cell Number	Mother's Email
Father/Guardian Name	Father's Cell Number	Father's Email

**STUDENT INFORMATION**

**Enrollment in Sacramental Classes:**

1. Families must be registered parishioners at St. Peter Church for 6 months to enroll in one of the two (2) year sacramental programs.
2. Parents **MUST** provide a photocopy of the child's baptismal certificate at time of registration (unless baptised at St. Peter).

Children's First Name (First name only unless last name is different from family name above)	Gender M/F	DOB	Grade in school 2019-2020	Received Baptism Yes/No	Received Penance Yes/No	Received Eucharist Yes/No	Sacrament of 1st Communion Year 1 / Year 2	Sacrament of Confirmation Year 1 / Year 2	<b>Tuition Cost:</b> 1st & 2nd \$100 each 3rd & 4th \$75 each 5th + \$20 each
1.									
2.									
3.									
4.									
5.									

**For Sacramental Enrollments Only**

Child Name	Year & Place of Baptism	Year & Place of 1st Communion & Reconciliation
1.		
2.		
3.		

Weekend Mass Attendance (circle one)	Sat. 5:00 pm	Sun. 8:00 am	Sun. 9:30 am	Sun. 11:30 am	Sun. 1:00 pm (S)
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