

**St. Peter Church**  
**Faith Formation, Sacramental Preparation & Youth Programs Registration Form**

Date \_\_\_\_\_

Participant's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_ School Attends \_\_\_\_\_

Address \_\_\_\_\_

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

Parent's Full Names \_\_\_\_\_ father

\_\_\_\_\_ mother

Father's Contact Information

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's Contact Information

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Has this participant received the Sacrament of Baptism?      YES      NO

Date and Place of Baptism (include name of Church and City)

\_\_\_\_\_

Has this participant received the Sacrament of Eucharist?      YES      NO

Has this participant received the Sacrament of Confirmation?      YES      NO

Date and Place of Confirmation (include name of Church and City)

\_\_\_\_\_

Any known allergies or special needs that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact in case parents can't be reached (name & phone number)

\_\_\_\_\_