

Prince of Peace Cluster Faith Formation Registration Form 2022-2023

Family (or Guardian) Last Name _____ Father's (or Guardian) First Name _____

Mother's (or Guardian) First Name _____ Maiden Name _____

Address _____

Home Phone Number Father _____ Mother _____

Cell Phone Number Father _____ Mother _____

E-mail Address _____

****Please circle the preferred method to contact you****

What is your parish? ____SH ____SM ____SP Other _____

School District _____

Emergency Contact Name _____ phone number _____ relationship _____

Parental Status ____Married ____Divorced ____Widowed ____Separated ____Single

Both parents Catholic? ☐ Yes ☐ No

Please list all your children below. Use the back of this sheet if you have more than three children to be registered.

Student Name _____ Gender ☐ M ☐ F Grade _____ Age _____ Date of birth _____

Faith Formation site (check all that apply) ____SH ____SM ____SP ____Dysart

Check if completed: ☐ Baptism ☐ Eucharist ☐ Reconciliation ☐ Confirmation

Allergies, special needs, or physical restriction(s) _____

Student Name _____ Gender ☐ M ☐ F Grade _____ Age _____ Date of birth _____

Faith Formation site (check all that apply) ____SH ____SM ____SP ____Dysart

Check if completed: ☐ Baptism ☐ Eucharist ☐ Reconciliation ☐ Confirmation

Allergies, special needs, or physical restriction(s) _____

Student Name _____ Gender ☐ M ☐ F Grade _____ Age _____ Date of birth _____

Faith Formation site (check all that apply) ____SH ____SM ____SP ____Dysart

Check if completed: ☐ Baptism ☐ Eucharist ☐ Reconciliation ☐ Confirmation

Allergies, special needs, or physical restriction(s) _____

Tuition: 1 child \$65, 2 or more \$95, out of parish \$110. Please make checks payable to your home parish. If you are out-of-cluster, make checks payable to St. Paul. All Registration forms and tuition should be mailed to St. Paul's Church 1102 Walnut St. Traer, IA 50675.

Parent's Signature: _____ Date: _____

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Cash or Check Number _____

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to

_____ for the use of any videos, photographs, or
(parish/cluster)

similar items in which my child/children might appear, or statements made by them, to be used on the parish website, parish bulletin, or parish social media. Note: no children's names will be published without specific prior consent.

Parent/Guardian signature _____

Date _____

Student Name _____ **Gender:** _____ **Grade** _____ **Age** _____ **Date of birth** _____
Faith Formation site (Mark X) _____ **SH (Sacred Heart)** _____ **SM (St. Mary)** _____ **SP (St. Paul)** _____
Mark X if completed: _____ **Baptism** _____ **Eucharist** _____ **Reconciliation** _____ **Confirmation** _____
Allergies, special needs, or physical restriction(s) _____

Student Name _____ **Gender:** _____ **Grade** _____ **Age** _____ **Date of birth** _____
Faith Formation site (Mark X) _____ **SH (Sacred Heart)** _____ **SM (St. Mary)** _____ **SP (St. Paul)** _____
Mark X if completed: _____ **Baptism** _____ **Eucharist** _____ **Reconciliation** _____ **Confirmation** _____
Allergies, special needs, or physical restriction(s) _____

Student Name _____ **Gender:** _____ **Grade** _____ **Age** _____ **Date of birth** _____
Faith Formation site (Mark X) _____ **SH (Sacred Heart)** _____ **SM (St. Mary)** _____ **SP (St. Paul)** _____
Mark X if completed: _____ **Baptism** _____ **Eucharist** _____ **Reconciliation** _____ **Confirmation** _____
Allergies, special needs, or physical restriction(s) _____
