

St Peter R.C. Parish
620 Center Street Lewiston, NY 14092

Faith Formation
Family Registration Form 2023/2024

Family Name: _____ Family's Envelope Number: _____
Father's Last Name: _____ First Name: _____ Religion: _____
Mother's Maiden Name: _____ First Name: _____ Religion: _____

Home Address: _____
(Street) (City) (Zip)

Phones: _____
(Home) (Work) (Mother's Cell) (Father's Cell)

Email: _____

If divorced, who has custody rights: Father _____ Mother _____ Other _____
Send mail to: Father _____ Mother _____ Other _____
Other Address: _____

Child's Name: _____

Birth Date: _____ Grade in Sept.: _____

Public School Student: _____ Catholic High School Student: _____

Special Needs Information: _____

*New Student's Only: Please submit a copy of Baptism Certificate.

*First Reconciliation Date & Place: _____

*First Communion Date & Place: _____

Child's Name: _____

Birth Date: _____ Grade in Sept.: _____

Public School Student: _____ Catholic High School Student: _____

Special Needs Information: _____

*New Student's Only: Please submit a copy of Baptism Certificate.

*First Reconciliation Date & Place: _____

*First Communion Date & Place: _____

Child's Name: _____

Birth Date: _____ Grade in Sept.: _____

Public School Student: _____ Catholic High School Student: _____

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*First Reconciliation Date & Place: _____

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Child's Name: _____

Birth Date: _____ Grade in Sept.: _____

Public School Student: _____ Catholic High School Student: _____

Special Needs Information: _____

*New Student's Only: Please submit a copy of Baptism Certificate.

*First Reconciliation Date & Place: _____

*First Communion Date & Place: _____

Pictures/Video Permission

Pictures of Faith Formation students may be taken during the school year for use in class art projects, display on the St. Peter's Parish website, and for use in the church bulletin; At no time will children's names be published in connection with photos. If you check "NO" below, your child will be asked to leave the photography scene before photo is taken.

____ Yes, my child's picture may be taken. ____ No, my child's picture may not be taken.

Parents Signature: _____ **Date:** _____

Emergency Contact

In case of emergency and parent(s) cannot be reached at the phone number provided; the following may be called.

Registration & Book Fee for 2023/2024

Parishioner Registration Fee :	
One Child	\$ 80.00
Two Children	\$110.00
Three or more Children	\$140.00
Non-Parishioner Fee	\$125 per child
Total Due:	

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*******For Office Use Only*******

Date Paid: _____ **Check #** _____ **Cash** _____ **Amount: \$** _____

Received by: _____

*****Tuition Waiver for Faith Formation 2023/2024 Catechist:** _____