

**St. Peter the Apostle Catholic Church
2907 Woodall Rogers Freeway
Dallas, TX 75204 (214)855-1384**

**RELIGIOUS EDUCATION REGISTRATION FORM
2016-2017**

| | | |
|--|-------------------|-------------|
| Parent(s) Name(s) _____ | | Email _____ |
| Home Phone _____ | Work _____ | Cell _____ |
| Email _____ | | |
| Family Address: _____ | | |
| Emergency contact (other than parents): | | |
| _____ | | |
| Name | Home Phone | Cell |

Student's name _____ **Date of Birth** _____

How many years has the student attended religious education? _____

Student Information (has celebrated): **YES** **NO**

| | | |
|------------------|-------|-------|
| Baptism | _____ | _____ |
| First Communion | _____ | _____ |
| First Confession | _____ | _____ |
| Confirmation | _____ | _____ |

Copy of Baptismal Certificate on file at St. Peter Parish? _____
 (The church **MUST** have a copy for Sacramental classes.) Yes No

Does the student have special needs? (e.g.. learning differences, asthma, allergies, etc.)

Medications: _____

Registration fee: \$75.00 per student. Tuition Fee will be paid by December 1, 2016.

Marcella Savala-Hamilton
 Program Director
 214.374.7465