

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