

**ST. PETER'S CATHOLIC CHURCH  
2020-2021 RELIGIOUS EDUCATION REGISTRATION FORM  
GRADES 1-11**

**Prudence Shaulis, DRE  
(814) 443-6574 ext. 4  
[pshaulis@dioceseaj.org](mailto:pshaulis@dioceseaj.org)**

Welcome to our Religious Education Program! It is our privilege to assist you and your family on the continuing journey of faith.

The CCD Schedule for September-December 2020 can be found on our parish website, in the Rectory, in the Annex outside the DRE's office, and in the Church Vestibule. The first CCD Class will be Sunday, September 13<sup>th</sup> from 11 AM-12:05 PM.

The Confirmation schedule will be released soon!

**All new and returning families must complete, sign, and return this form before the first class! Thank you, and God bless!**

\*\*\*\*\*

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**City, Zip Code** \_\_\_\_\_ **City, Zip Code** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **Phone (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

\*In case of change of schedule or cancellation due to weather, we notify families by way of automated telephone system. Please

provide the preferred phone number(s) we use for system: \_\_\_\_\_

\*In the event of an emergency, if we are unable to reach a parent or guardian, please contact:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

<b>Student's First, Middle &amp; Last Name</b>	<b>Age</b>	<b>Grade</b>	<b>Baptized</b>	<b>School Attending</b>
1. _____			yes / no _____	_____
2. _____			yes / no _____	_____
3. _____			yes / no _____	_____
4. _____			yes / no _____	_____
5. _____			yes / no _____	_____

\*Do students have special needs or allergies? Information is confidential and known only by DRE and student's teacher.

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*ALL REGISTRATION FORMS MUST BE RETURNED BEFORE THE FIRST CLASS\***