



2015-2016 SUNDAY SCHOOL REGISTRATION FORM
ST. PETER'S CHURCH, WASHINGTON DC
 202-547-1430 www.saintpetersdc.org dre@saintpetersdc.org

Note: Please use a separate registration form for each student.

STUDENT: _____ **Nickname:** _____
 (First name Middle name Last name Suffix)

Student Address: _____ Home Phone: _____

Grade as of Sept. 2015: _____

Gender: Male Female Birthday: _____

Language spoken at home: _____

Number of years enrolled in St. Peter's Sunday School (including this year): _____

Health issues (allergies, etc.): _____

St. Peter's Family Religious Education program is striving to be inclusive of children with all abilities. If your child has any special needs, we would love to work with her or him to provide the best faith formation we can for your child and your family. All are welcome at the table of the Lord.

Learning, behavioral, other issues: _____

Does your child require special testing accommodations when taking standardized tests? Yes No

If yes, please specify: _____

FATHER/GUARDIAN 1: _____
 (First name Middle Name Last Name Suffix)

Address: _____ Religion: _____

Home phone: _____

Relationship to student: _____ Cell phone: _____

Email: _____

MOTHER/GUARDIAN 2: _____
 (First name Middle Name Last Name Suffix)

Maiden Name: _____ Religion: _____

Address: _____ Home phone: _____

Relationship to student: _____ Cell phone: _____

Email: _____

- Please include our names and mailing address(s) in the Family Directory
- Please include our email address(es) in the Family Directory ← *NEW THIS YEAR!*
- Please include our home phone number in the Family Directory

***If you are new this year Elisa Dehan, our Director of Religious Education, will be in touch to schedule a meeting to welcome you and tell you more about our Family Religious Education program.**

EMERGENCY CONTACT (Please list someone other than parents):

 (First name Middle Name Last Name Suffix)

Relationship to student: _____ Phone: _____

---Please read other side---

STUDENT'S SACRAMENTAL DETAILS

Baptism	Date:	Church Name/Address:
First Confession	Month/Year:	Church Name/Address:
First Communion	Date:	Church Name/Address:
Confirmation	Date:	Church Name/Address:

If your child was NOT Baptized at St. Peter's and you did NOT submit a copy of the baptismal certificate last year, one must be submitted with this registration form.

Please include payment to complete the registration process.

- Tuition is:
 - \$50/child (\$125 maximum per family) if you send in your form before September 1, 2015
 - \$75/child (\$200 maximum per family) if you send in your form after September 1, 2015.
- Checks payable to 'St. Peter's Parish.' Indicate *Sunday School* in the memo section.
- If you are unable to pay the fee due to financial issues, please contact our Director of Religious Education at dre@saintpetersdc.org or 202-547-1430, ext 105. No child will be turned away because of an inability to pay the registration fee.

Please send the completed registration form, certificate of baptism, and payment to:

Sunday School Registration
 St. Peter's Rectory
 313 2nd St SE
 Washington, DC 20003

If you have any questions or need more information, please call us at 202-547-1430, ext 105, or email us at dre@saintpetersdc.org.

TUITION PAID: Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check (Ck# _____) Amount _____ <hr/> <p style="text-align: center;">OFFICE USE ONLY</p>
