

St. Peter of Alcantara Religious Education Registration 2026-27

Family Name _____

Address _____

Email address _____

Phone _____

Best number to call if child is ill during class _____

Mother's name _____ Father's Name _____

Mother's religion _____ Father's religion _____

Mother's cell _____ Father's cell _____

Emergency contact _____ relation to child _____

Emergency contact phone _____

Class Days and Times: (Mark one for each child)

Monday Afternoon: 4:00-5:00 p.m.	Grades 1__ 3__ 5__
Monday Evening: 7:00-8:00 p.m.	Grades 6__ 7__ 8__
Tuesday Afternoon: 4:00-5:00 p.m.	Grades 2__ 4__ 5__ 6__
Sunday Morning: 8:30-9:20 p.m.	Grades 1__ 2__ 3__ 4__

Cost

Payment is due at time of registration to be placed in a class
(pay by credit card online or drop off/mail check/cash)

\$300 One child

\$450 Two or more children

Child Information (list oldest to youngest)

1. Child's name: _____ DOB: _____ Gender: M F

Grade in Sept. 2026: _____ School Sept. 2026 _____

Please note allergies, disabilities or other concerns: _____

2. Child's name: _____ DOB: _____ Gender: M F

Grade in Sept. 2026: _____ School Sept. 2026 _____

Please note allergies, disabilities or other concerns: _____

3. Child's name: _____ DOB: _____ Gender: M F

Grade in Sept. 2026: _____ School Sept. 2026 _____

Please note allergies, disabilities or other concerns: _____

New Child registration: *Copy of Baptismal Certificate is Required*

4. Child's name: _____ DOB: _____ Gender: M F

Grade in Sept. 2026: _____ School Sept. 2026 _____

Please note allergies, disabilities or other concerns: _____

	Date	Church
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____