

	Office Only:						
	Registration Date						
Į	Amount Paid						
	Cash Check #						
	Payment Date						

	Father		Religion		Father's Cell		
Envelope #	Mother (with Maiden)		Religion		Mother's Cell		
Address	City				zip		
best phone number to reach you	Email				_		
Emergency Name and Phone:							
Please list children who will be sacraments to be received this	_	g class; please c	heck sa	acrament	s received	l. Put a	star for
Child's FULL Name & Gender	Birth Date	School	Grade	Baptism	Eucharist.	Recon	Confirma tion
TUITION: Payment of 50% of the October 12th. Reminders for uncertainty o	npaid tuiti ers f ability t e	\$70.00 \$70.00 \$120.00 \$140.00 \$30/stude	ailed.) ent negotial	ole for fan	nilies that a	re havir	
Emergency Information: In case my child to nearest medical cente child.	of sickness	s/accident, I give	permiss	sion to St.	Peter pers	onnel to	
		· 			Signature		
Health information we should know: general health		_any known allerg	gies				
nedication being taken							
Any other info that would be helpful	to us in wor	king with your chil	d				

INTERNET PERMISSION FORM									
I GIVE permission for the picture of my child(ren) in a group setting, without the names of the children, to be posted on the St. Peter Parish web page. I do NOT give permission for the picture of my child(ren) in a group setting, without the names of the children, to be posted on the St. Peter Parish web page.									
Parent/Guardian Signature Date									

The first day of class is September 7th, 2025 at 9:00 AM

Confirmation Classes are planned for Wednesdays, 6:00-8:00 PM beginning September 10th.



Return Forms & Check to:

ST. PETER PARISH 515 E. Knight St, MI 48827 517-663-4735