

ST. PETER OF ALCANTARA RELIGIOUS FORMATION CENTER

516-883-5584

[dtaylor@stpeterspw.org](mailto:dtaylor@stpeterspw.org)

**NEW CHILD REGISTRATION FORM**  
**2015-2016**

Please *carefully print* all information

**FAMILY INFORMATION**

**Family ID #** \_\_\_\_\_ or **Home Phone #** \_\_\_\_\_

**Family Name** \_\_\_\_\_

**CHILD'S INFORMATION:**

\_\_\_\_\_ **Day Requested** \_\_\_\_\_

*Last*

*First*

*Middle*

*Male* \_\_\_ *Female* \_\_\_

*Date of Birth* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Grade for 2015-2016* \_\_\_\_\_

*School* \_\_\_\_\_

**SACRAMENTAL INFORMATION** (copy of baptismal certificate is **REQUIRED** for registration to be complete)

*Date*

*Church/Parish*

**Baptism** \_\_\_\_\_

**First Penance** \_\_\_\_\_

**First Eucharist** \_\_\_\_\_

**SPECIAL NEEDS** (Please inform us if your child requires special attention for any physical handicaps, leaning disabilities, behavioral issues, daily medications, medicinal or dietary allergies below. Providing this info will help us to meet your child's needs.)

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

**-Please Turn Over to Add Additional Children-**

CHILD'S INFORMATION:

Day Requested \_\_\_\_\_

*Last*

*First*

*Middle*

Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade for 2015-2016 \_\_\_\_\_

School \_\_\_\_\_

SACRAMENTAL INFORMATION (copy of baptismal certificate is **REQUIRED** for registration to be complete)

*Date*

*Church/Parish*

Baptism

\_\_\_\_\_

\_\_\_\_\_

First Penance

\_\_\_\_\_

\_\_\_\_\_

First Eucharist

\_\_\_\_\_

\_\_\_\_\_

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

CHILD'S INFORMATION:

Day Requested \_\_\_\_\_

*Last*

*First*

*Middle*

Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade for 2015-2016 \_\_\_\_\_

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SACRAMENTAL INFORMATION (copy of baptismal certificate is **REQUIRED** for registration to be complete)

*Date*

*Church/Parish*

Baptism

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First Penance

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First Eucharist

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\_\_\_\_\_

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\_\_\_\_\_  
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