

SS Peter & Paul Faith Formation  
2013-2014 Registration

Note: First time students fill in all blanks that apply.

Returning students, please fill out family name, student name, grade, and age and any information that has changed in the last year. Only one form required per family, please fill out all students' names.

Cost: \$30 for one student and \$50 for two or more.

First Communion students are required to pay an additional \$25 for additional supplies.

First Communion students will need a copy of their baptismal certificate if not baptized at SS Peter and Paul.

Family Last Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Street/P.O. Box

City/Zip Code

Father's Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Students Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Known Allergies & Medications: \_\_\_\_\_

Students Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Known Allergies & Medications: \_\_\_\_\_

Students Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Known Allergies & Medications: \_\_\_\_\_

Students Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Known Allergies & Medications: \_\_\_\_\_

Students Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Known Allergies & Medications: \_\_\_\_\_

I hereby give my permission for my son/daughter's picture or image and full name to be used in church publications, newsletters, newspapers, and parish website. Yes \_\_\_\_\_ No \_\_\_\_\_

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Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Information

Health Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Member ID number or group number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact if parent cannot be reached:

Name and relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize SS. Peter & Paul personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event of a medical emergency and care is required. I authorize the Physician and Hospital Staff to treat my son/daughter, as they deem necessary in the emergency. An ambulance will be called depending on the severity of the circumstance.

\_\_\_\_\_  
Parent/Guardian Signature & Date

Completed forms can be mailed in or brought to the rectory office on Monday – Thursday from 8 – 1:30.  
SS. Peter & Paul Catholic Church, P.O. Box 548, Weyauwega, WI 54983

\_\_\_\_\_ Check enclosed \_\_\_\_\_ Please bill me later