

ST. PETER PARISH
Religious Education Registration
1150 Maxwell Rd., Eugene, OR 97404

Family: _____ Date: _____

Address: _____ Home Phone: _____

Parent(s) Work Phone:

Custodial Parent, (if different from above):

Mom: _____

Dad: _____

Emerg. Phone: _____

Mother's Maiden Name: _____

Rel Ed mailing to additional address? If so, state: _____

Both Parents Catholic? Y N

Email: _____

Child Name: _____ Birthdate: _____

Sex: Male Female Grade: _____ School: _____

SACRAMENTAL INFORMATION:

Baptism: When: _____ Church/City: _____

Reconciliation: When: _____ Church/City: _____

Communion: When: _____ Church/City: _____

Confirmation: When: _____ Church/City: _____

Any additional info on Sacraments? _____

NOTE: IF YOUR CHILD WAS BAPTIZED OUTSIDE OF THIS PARISH, AND YOU HAVE NOT ALREADY SUPPLIED US WITH A COPY OF YOUR CHILD'S BAPTISMAL RECORD, PLEASE SUPPLY A COPY FOR OUR FILES.

SPECIAL NEEDS: medical, learning disabilities, physical disabilities: _____
