

**St. Peter Cathedral and St. Joseph Bread of Life Religious Education  
Program 2019-20**

Circle the Parish you are registered at: **St. Peter**

**St. Joseph BOL**

**M F**

\_\_\_\_\_  
Child's Name F/M/L

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

\_\_\_\_\_  
Grade in School

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Parent's/Guardian's Name/Father

\_\_\_\_\_  
Parent's/Guardian's Name/Mother (Maiden)

\_\_\_\_\_  
Home Phone

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

\_\_\_\_\_  
Home Email

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, St., ZIP Code

\_\_\_\_\_  
City, St. ZIP Code

**Sacramental Information**

\_\_\_\_\_  
Baptism Date

\_\_\_\_\_  
Parish of Baptism

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Date of First Penance

\_\_\_\_\_  
Parish of First Penance

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Date of First Communion

\_\_\_\_\_  
Parish of First Communion

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Date of Confirmation

\_\_\_\_\_  
Parish of Confirmation

\_\_\_\_\_  
City/State

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**Health Information**

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Describe any physical needs that impact the child's learning

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Identify and describe any learning needs

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List Medications

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Allergies/Health Considerations

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If Mother and Father are Divorced what special instructions should we follow?

Our Religious Education Program is mandated by the Bishops of the United States to in-service all students annually regarding Safe Environment and Child Abuse Protection. Your child will receive this in-service sometime during this Catechetical year. If you are **NOT OKAY** with us presenting the material please **sign. Otherwise, leave it blank.**

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Parent's/Guardian's Signature means **Don't have your Child In-Serviced**

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Date

Check and sign in agreement with the following:

- I give permission for my child to be **photographed**.
- I release St. Peter Cathedral and St. Joseph Bread of Life and individuals from liability in case of accident during activities related to St. Peter Cathedral and St. Joseph Bread of Life, as long as normal safety procedures have been followed.

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Parent's/Guardian's Signature in Agreement of the Above Two Statements

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Date

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Emergency Contact if we cannot reach the parent

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Phone Number

Please indicated if you are willing to help teach, be an aide or substitute. Know you must have all the criminal record checks that are required when working with children. All requirements for the Erie Diocese are on their website [eriercd.org](http://eriercd.org) under Child Protection.

YES! I am willing to help \_\_\_\_\_