



Faith Formation/Youth Ministry Office
Linda Shufelt/Director 518-587-5182
ffymdirector@stpetersaratoga.org

Name _____ Male _____ Female _____

Address _____

Phone _____ Birthdate _____ City/State of Birth _____

School Attending _____ Grade as of September 2026 _____

Parent: _____
(first) (maiden) (last) (religion)

Address _____

Phone: Home _____ Cell _____

Parent: _____
(first) (last) (religion)

Address _____

Phone: Primary: _____

Primary Email Address: _____

(EMAIL ADDRESSES REQUIRED OF ALL PARENTS)

Please also send information to: _____

(name and address)

Sacramental History-REQUIRED

(if Baptized in a Church other than St. Peter, please bring original certificate AND we will copy)

Baptism (place and date) _____

Holy Eucharist (place and date) _____

Reconciliation/Confession (place and date) _____

Confirmation (place and date) _____

**** PLACE, DATE AND GRADE LEVEL COMPLETED OF MOST RECENT ENROLLMENT IN A RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAM**:** _____

PLEASE FILL OUT THE BACK OF THIS FORM

Student Name _____ **Grade as of Sept 2026** _____

Does your son/daughter have any medical conditions such as allergies, ADD or ADHD, etc. or is your child on medication that we and their catechist should be made aware of?

Please list any other information that we and your son/daughter's catechist should be made aware of.....recent divorce, death in the family, etc.

I.PARENTAL AUTHORIZATION for others to pick up child (GRADES K-6 ONLY)
I authorize the following people to pick up this child from Religious Education classes at the Church of St. Peter (child must be picked up in the classroom). *Please include parent names.*

NAME	RELATIONSHIP TO CHILD
1. _____	_____
2. _____	_____
3. _____	_____

II.PARENTAL AUTHORIZATION child to go to another area for pickup (i.e. cafeteria instead of classroom) VALID only for 3rd grade and higher

I, _____ (parent or legal guardian), the undersigned, give my permission for _____ to leave room _____ and go to _____ at the end of Religious Education class session. I relieve the parish of the Church of St. Peter of all responsibility and consequences that may arise. I will not hold St. Peter's Parish or the leadership person responsible in the event of injury.

Check this box if your child can be picked up by an older sibling.

Sibling's Name: _____ Age: _____

III. PERMISSION FOR PHOTOGRAPH/VIDEOTAPES/FILMS AND TAPE RECORDINGS SCHOOL YEAR September 2026 – June, 2027

I hereby authorize and give my consent for the taking of pictures/videos of _____ for use by the Church of Saint Peter.

I DO NOT authorize and give my consent for taking pictures/videos of _____ for use by the Church of Saint Peter.

Date

Signature/Relationship

This space may be used to state any restrictions you may have on the above.

PLEASE COMPLETE THE REVERSE SIDE

FAMILY COMMITMENT STATEMENT:

As a member of the Catholic Faith Community, I realize the importance of making a serious effort to participate in an active way in the life of the Community of St. Peter’s Catholic Church. **The most important aspect of this is attending weekly Mass and Mass on Holy Days of Obligation.** As a family, we will make every effort to attend Mass at Saint Peter’s, or at another parish if the situation call for it. In recognition of the importance of my role as parent in the Faith life of my child, I pledge myself to provide a Christian example for my son/daughter as lived out in the Catholic tradition. *This means that I am pledging that if my son or daughter has to miss scheduled sessions, my son/daughter will do make up work when required for **Absenteeism.***

Signature of Parent

Date

*****For Youth Ministry Grades 6-10 only*****

IV.Consent for use of communications via Email, social media, and/or text

Youth’s Name: _____

Youth’s Email address: _____

Youth’s Cell number for text: _____

Consent for use of communications via Youth Ministry Instagram Page

Youth’s Instagram profile name for invite: _____

By signing below, I _____ authorize

(Parent/guardian name)

representatives of The Church of St. Peter to send Email, social media, and/or text communications to my son/daughter _____.

(Youth Name)

Messages may be sent for a variety of reasons including but not limited to reminders about upcoming events, reading assignments, service opportunities, class cancellations or changes, and more.

This consent shall remain in effect unless revoked in writing.

Parent/guardian name

Signature

Date

FEE SCHEDULE 2026-2027 Please make checks payable to the Church of Saint Peter

ONE CHILD	\$85.00 <i>BEFORE June 30th, 2026</i>	\$100.00 <i>after June 30th, 2026</i>
TWO CHILDREN	\$130.00 <i>BEFORE June 30th, 2026</i>	\$150.00 <i>after June 30th, 2026</i>
THREE OR MORE CHILDREN	\$170.00 <i>BEFORE June 30th, 2026</i>	\$200.00 <i>after June 30th, 2026</i>
CATECHISTS/AIDES	NO CHARGE	NO CHARGE

(Office Use: Amt. _____ Electronic Payment _____ Check# _____ Cash _____
Date Received _____)

Fee assistance is available. Please contact our office.