

The Church of St. Peter 241 Broadway Saratoga Springs, NY 12866
Office of Youth Ministry 518-587-5182
youthministry@stpetersaratoga.org

Student's Full Name _____ Male _____ Female _____

Address _____

Phone _____ Birthdate _____

School Attending _____ Grade as of Sept 2021 _____

Mother _____
(first) (maiden) (last) (religion)

Address _____

Phone: Home _____ Cell _____

Father _____
(first) (last) (religion)

Address _____

Phone: Home _____ Cell _____

Primary Email Address: _____

(EMAIL ADDRESSES REQUIRED OF ALL PARENTS)

REGISTRATION FEE IS DUE AT TIME OF REGISTRATION

Please make check payable to Church of St. Peter

- One child \$75.00 (\$65.00 before June 1, 2021)
Two Children \$140.00 (\$125.00 before June 1, 2021)
Family \$160.00 (3 or more children) (\$150.00 before June 1, 2021)

FEES ARE WAIVED FOR CATECHISTS

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

PLEASE FILL OUT THE BACK OF THIS FORM

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For Office Use: Grade _____ Catechist _____

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. _____

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.** 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/gathered sessions, my son/daughter will do make up work when required for **Absenteeism.***

Volunteers are the core of our Youth Ministry program. Will you please consider volunteering in some capacity? No professional experience needed except being Catholic!

I would like to volunteer in the following way(s):

Youth Ministry Catechist or Assistant Catechist: _____

(Registration fees are waived for Catechists!)

Sponsor/Mentor for Confirmation _____

Door Security Person (1x month) _____

Hospitality Ministry Volunteer, assist with coordination, set up, clean up for programs, events, etc.

Signature of Parent

Date

In case of an emergency, please list a phone number where you can be reached during class time _____

PERMISSION FOR PHOTOGRAPH/VIDEOTAPES/FILMS
AND TAPE RECORDINGS
SCHOOL YEAR
September, 2021 – June, 2022

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 of 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.

Consent for use of communications via Email, Facebook, and/or text

Youth's Name: _____

**** Please only fill in the sections you would like to receive communications from. ****

Youth's Email address: _____

Facebook profile name: _____

AUTHORIZATION:

By signing below, I _____ authorize
Parent/guardian name
representatives of The Church of St. Peter to send Email, Facebook,

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