

**Sts. Peter & Paul**  
**Religious Education/ CCD Registration**  
**Kindergarten - 12<sup>th</sup> grade**

Student(s) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

(Please list oldest child first) \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Parent's Names:

\_\_\_\_\_

Address:

\_\_\_\_\_

Street

City

Zip

Cell phone - **Mom** \_\_\_\_\_ **Dad** \_\_\_\_\_

Cell Phone- **Student** (if multiple youth, list oldest child's number) \_\_\_\_\_

**Parish that your family regularly attends:** \_\_\_\_\_

**Parish that your family is registered in:** \_\_\_\_\_

**Registration Fee: (K-12<sup>th</sup>) \$20.00 per child  
(\$60 per family with 4 or more children)**

Check# \_\_\_\_\_

Cash \_\_\_\_\_

OVER



\*\*Is using email a good form of communication for sending parent letters and updates? \*\*Yes/No

**IF YES; Email Address; PLEASE PRINT CLEARLY:**

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**\*\*Photo Release:** I give permission for my child/children's photo to be displayed on the parish website and/or on Sts. Peter and Paul Religious Education Facebook.

**\*\*Release of Liability for Youth and Adults:**

I give permission for my child/children to participate in all activities that the Sts. Peter and Paul Religious Education program provides including (high school youth: the ice cream social, hayrack ride, outdoor Mass) and all other activities provided. I, the undersigned, do hereby release, and agree to hold harmless the Archdiocese of Kansas City in Kansas, Sts. Peter and Paul parish, and Adult volunteers from any and all kinds of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the child/children named on the registration form.

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*Signature of Parent for releases listed above*

*Date*

**Medical Information:**

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

Emergency contact number(s) if parents cannot be reached: \_\_\_\_\_

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Do any children listed above have any medical conditions that need special attention: \_\_\_\_\_  
If any please explain: \_\_\_\_\_

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I authorize the staff of Sts. Peter and Paul Religious Education program to administer First Aid and/or arrange for transportation of my child to Nemaha Valley Community Hospital for emergency treatment in the event it appears necessary and neither parent nor emergency contact person listed can be contacted.

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**Parent Signature**

**Date**