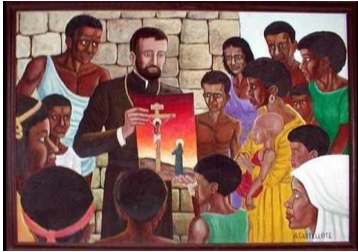


DATE:



# SAINT PETER CLAVER PARISH FAITH FORMATION REGISTRATION

## 2026/2027 3 TO 5 CLUB

REGISTRATION FEE: \$100 (\$90 BEFORE AUGUST 1, 2026)

3 TO 5 CLUB MEETS ABOUT TWICE A MONTH ON SUNDAYS FROM 11:15 A.M. TO 12:30 P.M.

ARE YOU REGISTERED AT ST. PETER CLAVER PARISH?

YES ENVELOPE # \_\_\_\_\_  NO (MUST FILL OUT PARISH REGISTRATION FORM)

**CHILD INFORMATION**  FEMALE  MALE

LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH:	CITY OF BIRTH:	STATE OF BIRTH:
CHILD'S AGE:	CHILD'S GRADE LEVEL 2026-2027 SCHOOL YEAR: <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH <input type="checkbox"/> 5TH	

**HAS YOUR CHILD BEEN BAPTIZED**  YES  NO **HAS YOUR CHILD CELEBRATED FIRST COMMUNION**  YES  NO

DATE OF BAPTISM:	CHURCH OF BAPTISM:
DATE OF FIRST COMMUNION:	CHURCH OF FIRST COMMUNION:

**PARENT/GUARDIAN INFORMATION** (PLEASE PRINT CLEARLY)

FATHER'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
MOTHER'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
MOTHER'S MAIDEN LAST NAME:	PRIMARY CONTACT NAME:	WHO DOES CHILD LIVE WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> JOINT CUSTODY

**PRIMARY CONTACT INFORMATION** ADDRESS:

HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:
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**ARE BOTH PARENT'S CATHOLIC**  YES  NO (IF NOT PLEASE PROVIDE PARENTS' FAITH BELOW)

FATHER'S RELIGION:	MOTHER'S RELIGION:
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**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT)**

NAME:	RELATIONSHIP TO CHILD:
PHONE NUMBER:	

**CHILD MEDICAL INFORMATION**

DOES YOUR CHILD HAVE A MEDICAL CONDITION/ALLERGY: <input type="checkbox"/> YES (IF YES, PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO
PLEASE EXPLAIN CHILD'S MEDICAL CONDITION/ALLERGY:

**PARENT/GUARDIAN NAME, IMAGE, VOICE CONSENT**

ST. PETER CLAVER PARISH MAY USE YOUR CHILD'S IMAGE, NAME, VOICE AND/OR WORK FOR NONCOMMERCIAL PURPOSES RELATING TO THE EVENT(S) OR ACTIVITY(IES) OF FAITH FORMATION SESSIONS, EVENTS AND ACTIVITIES. DURATION OF THE RELEASE: SEPTEMBER 27, 2026 THRU JULY 1, 2027.	
I, _____, PARENT/GUARDIAN OF _____, A MINOR, HEREBY AUTHORIZE ST. PETER CLAVER PARISH TO USE THE LISTED ABOVE PERSONAL INFORMATION ABOUT MY CHILD.	
<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>

**EMPOWERING GOD'S CHILDREN PRESENTATION CONSENT**

ST. PETER CLAVER PARISH IS MANDATED TO GIVE ALL CHILDREN AND YOUTH AN ANNUAL EMPOWERING GOD'S CHILDREN PRESENTATION AS PART OF THE SAFEGUARD THE CHILDREN CHARTER.	
I, _____, PARENT/GUARDIAN OF _____, A MINOR, HEREBY AUTHORIZE MY CHILD TO PARTICIPATE IN THE ANNUAL EMPOWERING GOD'S CHILDREN SESSION.	
<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>