

**ST. PETER'S PARISH Religious Education/Sacramental Program**

**REGISTRATION 2020- 2021**

Office Phone 753-3570 Fax: 753-1507 or

Email: [ccd.stpetersnanaimo@shaw.ca](mailto:ccd.stpetersnanaimo@shaw.ca) CCD Coordinator: Lillian Backstrom

**FAMILY INFORMATION**

**Mother's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
(if not the same as Mother's)

**EMAIL:** \_\_\_\_\_

Child resides with: \_\_\_\_\_ Emergency contact name & phone: \_\_\_\_\_

Does your family attend Mass at St. Peter's? If so, which Mass does your family attend: \_\_\_\_\_

If you attend mass at another Roman Catholic Church, Which Church and time: \_\_\_\_\_

***Program opinions. (check one option please)***

Homeschool with parent monthly Zoom check ins \_\_\_\_\_ Online Zoom Class time for Child and parent \_\_\_\_\_

**REGISTRATION FEE: \$35.00 per child** Fees payable: cash – cheque - debit in Parish Office

Child's full name	Date of Birth	Gender & age	Grade & School	Baptism date/location	Reconciliation date/location	Eucharist date/location

A copy of your child's Baptism is required by the Diocese of Victoria upon registration (ccd/dag2011)

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_