

ST. PETER'S PARISH Religious Education/Sacramental Program

REGISTRATION 2021- 2022

Office Phone 753-3570 Fax: 753-1507 or

Email: 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: _____

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** _____

Office use only:

Date registration form Received	Date of Registration Fees paid	Date Baptismal Certificate received

Other Notes: