ST. PETER'S PARISH Sacramental Registration Form

REGISTRATION 2026 - 2027
Office Phone: 250-753-3570 Fax: 250-753-1507 or
CCCD Coordinator: Natasha Ossa
(turn over for important information on Program)

FAMILY INFORMATION:

Mother's Name: _____ Phone: _____

Cell: _____

Address: _____

Marital Status: _____ Religion: _____

EMAIL:
_____

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:

_____

Child's Full Name	Date of Birth (MM/DD/YY)	Gender & Age	Grade & School	Baptism date/location	Reconciliation date/location	Eucharist date/location

Other Notes:
Information regarding children receiving Confirmation and First Communion.

The sacrament preparation program at St Peter's is a two-year program. First year, no matter the age, all children will be learning about the Bible, the Catholic Faith and tradition, and prepare for the Sacrament of Reconciliation.

In their second year, they will be journeying deeper into their faith education by preparing to receive both Sacraments of Confirmation and First Communion at the end of the school year.

__ A supply fee of $50 may be paid at the beginning of each year by e-transfer to : **stpetersoffice@rcdvictoria.org** or in person upon registration.

Media Consent:

☐ I give permission to St. Peter's Parish to photograph and/or video record my child during CCD classes, events, and other parish activities. I understand that these photos and videos may be used by the parish for promotional, educational, and communication purposes, including in the parish bulletin, website, social media, newsletters, and other parish materials. I understand that I may withdraw my consent at any time by providing written notice to the parish office.

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

Guardian Signature_____ Date_____

Thank you.
Looking forward to seeing you at our program. It will be wonderful to have you with us.

Natasha Ossa

Office use only:

Date registration form Received _____

Date Baptismal Certificate received _____