



**ST. PETER CATHOLIC CHURCH**  
**SACRAMENTAL PREPARATION PROGRAM REGISTRATION**  
**Family Faith Formation Year 1 (GRADES 5-12)**

**REGISTERED PARISHIONER**

Must be registered for at least 6 months

**NON-REGISTERED PARISHIONER**

Waitlist until August 7<sup>th</sup>  
do not collect payment

**SACRAMENTS NEEDED**

Confirmation Only **(1 year)**

**COST**

\$100

Full payment must be made at registration.

PAID : \$ \_\_\_\_\_ online / check / cash

A copy of my child's **baptism certificate** must be attached to this registration form.

Today's Date: \_\_\_\_\_

Child's Name (First and Last) \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name of Registered Parish / Where do you attend Mass? \_\_\_\_\_

*Please share any information that would be helpful for us to know about your child:  
(allergies, learning style, IEP plan, ADD / ADHD, etc.)*

**PARENT/GUARDIAN INFORMATION**

**Mother** Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  email  text Religious Affiliation: \_\_\_\_\_

**Father** Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  email  text Religious Affiliation: \_\_\_\_\_

**Child lives with:**  Parents  Mother only  Father only  Other: Relationship: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  email  text Religious Affiliation: \_\_\_\_\_

Child's City of Residence: \_\_\_\_\_

Over →

**PROGRAM REQUIREMENTS**

By **initialing below**, I understand and will abide by the requirements of the St. Peter’s Catholic Church Sacramental Preparation Program requirements which are:

- \_\_\_\_\_ Parents & students must attend Mass every Sunday (or Saturday Evening) & Holy Days of Obligation. "You shall attend Mass on Sundays and holy days of obligation and rest from servile labor." Sunday is a holy day of obligation, a day for you to grow in your faith, and you are required to attend to the extent that you are able to do so.
- \_\_\_\_\_ Regular attendance is required. Frequent absences may result in the student being removed from the sacramental preparation program or delay the reception of sacraments.
- \_\_\_\_\_ One parent is required to attend classes with their child (ren) every week. St. Peter supports the whole family in growing in the Catholic faith and parent involvement is fundamental in children growing in and remaining faithful to the faith.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE OF LIABILITY**

I/We \_\_\_\_\_  
(Print Name)

The undersigned to hereby release, forever discharge and agree to hold St. Peter Catholic church harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18 or, 18 and older) while attending religious education.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage, and expense arising from the undersigned’s or participant’s participation in all activities, including recreation and work activities involved in religious education. The undersigned further agree to indemnify and hold St. Peter Catholic Church and its respective members, director’s, employees, and agents (collectively the ‘indemnities’) harmless from and against any and all claims, demands, actions, lawsuits, and liabilities including attorney’s fee and expenses sustained by the indemnitees as the result of the negligent, willful, or intentional acts of the undersigned and/or participant. Additionally, I/We do hereby consent to any medical care and the administrations of anesthesia determined by a physician to be necessary for the welfare of my child while said child in under the care of St. Peter Catholic Church and I/We am not reasonably available by telephone to give consent.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMISSION & MEDICAL RELEASE**

I agree on behalf of myself, my child(ren) named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Catholic Parish, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Peter Catholic Parish, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney’s fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Peter Catholic Parish or the Archdiocese of Denver.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_