

REGISTRATION FORM

16-Sep-16

St. Peter Parish

278 Bowdoin St.

Dorchester

02122

617-265-11

617-265-0463

PARENT(S)/Guardians:

FATHER: _____

MOTHER: _____

Maiden: _____

ADD: _____

CITY: _____

Father Religion: _____

ST: _____

ZIP: _____

TEL: _____

Mother Religion: _____

In an emergency, if I am not at home contact: Name _____

EmergTel: _____

My email: _____

Wktel: _____

.Cell: _____

FIRST CHILD:

LNAME: _____

FNAME: _____

DOB: _____

SEX: _____

SCHOOL: _____

SCHGR: _____

Religious Educ Grade _____

DATE_BAPTISM: _____

CHUR_BAPT: _____

Chur_Add: _____

Chur_CityStZip: _____

Eucharist YES/NO _____

PENANCE: YES/NO _____

COMMENTS/Spec Needs: _____

SECOND CHILD

LNAME: _____

FNAME: _____

DOB: _____

SEX: _____

SCHOOL: _____

SCHGR: _____

Religious Educ Grade _____

DATE_BAPTISM: _____

CHUR_BAPT: _____

Chur_Add: _____

Chur_CityStZip: _____

Eucharist YES/NO _____

PENANCE: YES/NO _____

COMMENTS/Spec Needs: _____

THIRD CHILD:

LNAME: _____

FNAME: _____

DOB: _____

SEX: _____

SCHOOL: _____

SCHGR: _____

Religious Educ Grade _____

DATE_BAPTISM: _____

CHUR_BAPT: _____

Chur_Add: _____

Chur_CityStZip: _____

Eucharist YES/NO _____

PENANCE: YES/NO _____

COMMENTS/Spec Needs: _____

Signature _____

Registered in Parish last year? Yes _____ No _____

Last Religious Education Grade attended? Grade _____

REGISTRATION FORM/ FORMA DE MATRICULA

16-Sep-16

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Dorchester

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PARENT(S)/Guardians: Pai/Encarregado de Educaçã

Father/ Pai: _____ Father Religion/Rel do Pai: _____

Mother /Mãe: _____ Maiden/ Nome de Soltera: _____ Mother Rel/ Rel da Mãe: _____

Add/ Direcção: _____ City/Cidade: _____ ST/Estado: _____

ZIP/Código Postal: _____ Telephone: _____ Wktel/Tel Trabalho: _____

In an emergency, if I am not at home contact: Name _____

Se uma emergencia, e eu não estou en casa, contacta: Nome _____

EmergTel: _____

FIRST CHILD/ Primer Criança

Lname/ Apelido _____ Fname/ Nome: _____ Sex: _____

Dob/ Data Nascimento _____ School/ Escola: _____ Schgr /Grau: _____

Date Baptism/ Data Baptismo: _____ Chur_Bapt/ Igreja de Baptismo: _____

Chur_Add/ Igreja Direcção _____ Chur_CityStZip/ Cidade de Igreja: _____

Eucharist/Primeira Comunhão: Yes/No? Sim/Não? _____ Religious Educ Grade/ Grau da Catequese? _____

Comments/Spec Needs/ Comentários _____

My email: _____

SECOND CHILD Secunda Criança:

Lname/ Apelido _____ Fname/ Nome: _____ Sex: _____

Dob/ Data Nascimento _____ School/ Escola: _____ Schgr /Grau: _____

Date Baptism/ Data Baptismo: _____ Chur_Bapt/ Igreja de Baptismo: _____

Chur_Add/ Igreja Direcção _____ Chur_CityStZip/ Cidade de Igreja: _____

Eucharist/Primeira Comunhão: Yes/No? Sim/Não? _____ Religious Educ Grade/ Grau da Catequese? _____

Comments/Spec Needs/ Comentários _____

THIRD CHILD Tercera Criança:

Lname/ Apelido _____ Fname/ Nome: _____ Sex: _____

Dob/ Data Nascimento _____ School/ Escola: _____ Schgr /Grau: _____

Date Baptism/ Data Baptismo: _____ Chur_Bapt/ Igreja de Baptismo: _____

Chur_Add/ Igreja Direcção _____ Chur_CityStZip/ Cidade de Igreja: _____

Eucharist/Primeira Comunhão: Yes/No? Sim/Não? _____ Religious Educ Grade/ Grau da Catequese? _____

Comments/Spec Needs/ Comentários _____

Signature/ Assinatura _____

Quer ajudar os catequistas este ano?