



Saint Peter CATHOLIC CHURCH

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2026-2027

Faith Formation Registration Form OFFICE USE ONLY

1 Child \$85. 2 Children \$95. 3 CHILDREN + \$105

Check _____ Cash _____ CC _____ Amt. _____

STUDENT INFORMATION (PLEASE PRINT) Informacion del estudiante (Por favor imprima)

Children must attend at least 75% of classes in order to receive credit. Los estudiantes deben participar un minimo de 75% de las clases para recibir credito. **FHC candidates must attend Sacramental Prep Sessions on Wednesdays (4 in the Fall & 5 In the Spring) in addition to their regular classes on Mondays.** Los candidatos de Primera Comuni3n deben atender las 9 sesiones de Preparaci3n Sacramental los Mi3rcoles (4 en Oto3o y 5 en Primavera) adem3s de su clase regular los Lunes.

First Name: _____ Last Name: _____
(Nombre) (Apellido)

Date of Birth/ Fecha de Nacimiento: _____ Place of Birth/Lugar de Nacimiento: Ciudad _____
State/Estado _____ Country/Pais: _____

Last Grade Completed In Religion (Grados completados en el catecismo): K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

6 _____ 7 _____ 8 _____ Name of Church/Catholic School where completed/ Nombre de la iglesia o escuela donde la complete su grado: _____

Please register my child for: (Favor de registrar a mi hijo (a) en este grado):

Class: Mondays 6:00-7:30pm: Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____ Grade 6 _____ Grade 7 _____

Grade 8 _____ (First Year Confirmation) **OCIA _____ Mark here if your child was never baptized (Marque aqu3 si su hija/o nunca fue bautizado)**

Grade 9_10_11_12_ (Second Year Confirmation/Segundo a3o de Confirmaci3n) _____

Sacraments Received/Sacramentos Recibidos: Please check below/por favor verifique abajo

Baptism/Bautismo: Yes _____ No _____ Date/Fecha: _____ Church/Iglesia: _____

Reconciliation/Primera Reconciliaci3n: Yes _____ No _____ Date/Fecha: _____ Church/Iglesia: _____

PARENT INFORMATION (PLEASE PRINT) Informacion para los padres (Por favor prima)

Father's First Name/Padre Primer Nombre: _____ Last/Apellido _____

Mother's First Name/Madre Primer Nombre: _____ Last/Apellido _____

Address/Direcci3n: _____

Phone /Tel3fono: Mother/Madre: _____ Father/Padre: _____

Email/Correoelectr3nico: _____

Child lives with/ni3o vive con: Mom/Madre _____ Dad/Padre _____ Other/Otra _____

Parent Signature/firma de los padres: _____

PARENT SECTION (seccion para los padres)

I would like to volunteer to serve in the following areas (me gustar3a servir de voluntario en estas areas): ___ Hall Monitor (monitor de pasillos) ___ Room Angel (ayudante de salon) ___ Substitute Teacher (Maestro(a) sustituto) ___ Misc.

All volunteers must be fingerprinted and have a background check, as well as complete the Safe Environment online Training through the Diocese of Orlando. (Todos los voluntarios deben someter sus huellas dactilares, someterse a una investigacion criminal y completar el entrenamiento en linea, Ambiente Seguro atraves de la Diosesis de Orlando.

EMERGENCY MEDICAL INFORMATION/Información médica de emergencia

If a child needs emergency care, we will call 911 and notify parents immediately. There is no medical insurance provided by St. Peter Catholic Church or the Diocese of Orlando. Please provide us with emergency contact information

Si un niño necesita atención de emergencia, llamaremos al 911 y notificaremos a los padres de inmediato. No hay seguro médico provisto por la Iglesia Católica St. Peter o la Diócesis de Orlando. Por favor bríndenos información de contacto de emergencia

Name/Nombre: _____

Relationship/Relación: _____

Emergency Contact Phone Number/Número de teléfono de contacto de emergencia: _____

Parent Signature/firma de los padres: _____

**PHOTO RELEASE
LANZAMIENTO DE LA FOTO**

I, _____, give St. Peter Catholic Church permission to post pictures of my child in the church bulletin, Facebook, website, newsletter, The Florida Catholic and other printed or electronic media as they relate to the activities of St. Peter Faith formation Program. Only pictures taken at official Faith Formation events will be published.

Yo, _____, doy permiso a la Iglesia Católica de San Pedro para publicar fotos de mi hijo en el boletín de la iglesia, Facebook, sitio web, boletín informativo, The Florida Catholic y otros medios impresos o electrónicos relacionados con las actividades del Programa de Formación de Fe San Pedro. Solo se publicarán las imágenes tomadas en los eventos oficiales de Formación de Fe.

Parent Signature/firma de los padres: _____

PLEASE COMPLETE IF PREPARING FOR FIRST HOLY COMMUNION OR CONFIRMATION

POR FAVOR COMPLETE SI SE PREPARA PARA LA PRIMERA COMMUNION O CONFIRMACION

ST PETER CATHOLIC SCHOOL STUDENTS GRADE LEVEL: _____

Please print legibly/Por favor escribe legible

NAME (As it appears on Baptism Certificate): _____

ADDRESS: _____ CITY: _____ REGISTERED PARISH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S EMAIL: _____ MOTHER'S PHONE NUMBER: _____

DATE OF BIRTH (Month/Day/Year): _____ CITY OF BIRTH: _____

STATE: _____ COUNTRY OF BIRTH: _____ DATE OF BAPTISM (Month/Day/Year) _____

CHURCH OF BAPTISM: _____ CITY: _____ STATE/COUNTRY: _____

GODPARENTS(PADRINOS): _____ & _____

I Understand that it is my responsibility to stay informed about all the requirements for my child's Faith Formation. I agree to bring them to all sessions, to bring them to Mass on the weekend and to follow up at home by praying as a family. I understand that I MUST sign up for flock note, read the Parish Bulletin for FF announcements, and listen to the pulpit announcements. **FLOCKNOTE SIGN UP: New text message. Enter"84576". Type message "SPCCD"**

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