



**Saints Peter and Paul Catholic Church**  
**800 Kaheka Street**  
**Honolulu, Hawaii 96814**  
**(808) 981-0675**

**Faith Formation Registration Form**  
**2022 - 2023**  
**Kindergarten thru 12<sup>th</sup> Grade**

Name of Child or Youth \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle Last

\_\_\_\_ Male \_\_\_\_ Female

Date of Birth \_\_\_\_\_  
Month Day Year

Place of Birth \_\_\_\_\_  
City State Country

My child was baptized at \_\_\_\_\_  
Church and State Date

\_\_\_\_ My child is **not** baptized.

\_\_\_\_ My child received First Eucharist at \_\_\_\_\_  
Church Date

\_\_\_\_ My child **has not** received First Eucharist.

\_\_\_\_ My child received the Sacrament of Confirmation at \_\_\_\_\_  
Church Date

\_\_\_\_ My child **has not** received the Sacrament of Confirmation.

**I understand that I must submit required forms to be enrolled in the catechetical program.**

\_\_\_\_ Registration Form

\_\_\_\_ Baptismal Certificate (Required if **not** baptized at Sts. Peter and Paul Church, Honolulu)

\_\_\_\_ Family **AND** Emergency Contact Information (FORM is attached)



**Sts. Peter and Paul Catholic Church  
Faith Formation Program**

**Family and Emergency Contact Information**

**Mother** \_\_\_\_\_

Address \_\_\_\_\_

House/Apt. #      Street      City      Zip Code

Home Phone #      Cell #      Email Address

**Father** \_\_\_\_\_

House/Apt. #      Street      City      Zip Code

Home Phone #      Cell #      Email Address

**Guardian** \_\_\_\_\_

House/Apt. #      Street      City      Zip Code

Home Phone #      Cell #      Email Address

**In the event my child becomes ill or injured and I cannot be contacted, the parish authorities have permission to contact and release my child to the custody of the individuals listed below.**

Name      Relationship      Phone Number

Name      Relationship      Phone Number

Family Physician \_\_\_\_\_

Hospital \_\_\_\_\_

**In the event my child becomes ill or injured and I cannot be contacted, the parish authorities have permission to contact and release my child to the custody of the individuals listed below.**

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Family Physician \_\_\_\_\_

Hospital \_\_\_\_\_

**If my child needs to be taken to an emergency facility, my child will be taken to the nearest facility. I give my consent for parish authorities to take appropriate action for the safety and welfare of my child.**

Child's Health Insurance \_\_\_\_\_

Insurance Card No. \_\_\_\_\_

\_\_\_\_\_ No, my child does not receive regular care for a medical condition.

\_\_\_\_\_ Yes, my child receives regular care for a medical condition.

Please describe your child's medical condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is allergic to \_\_\_\_\_

Describe the reaction \_\_\_\_\_

\_\_\_\_\_

Daily Medications \_\_\_\_\_

\_\_\_\_\_  
Parent's Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date