



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

Faith Formation Registration Form
2023 - 2024
Kindergarten thru 12th Grade Year 1 or 2

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
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Name	Relationship	Phone Number
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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.

Does your child have an IEP? Yes or No

My child is allergic to _____

Describe the reaction _____

Daily Medications _____

Parent's Printed Name and Signature

Date

Guardian's Signature

Date