



PRINCE of PEACE
Catholic Church & School
 1209 Brushy Creek Road • Taylors, SC 29687
 www.princeofpeacetaylors.net

Religious Education Registration Form 2020-2021

RE K5-Confirmation: Sundays 8:50-9:50a, tentative starting date 23 August 2020 (RE calendar coming soon!)

RE PARENT MEETING tentatively will be 23 August 2020 in the PAC after drop-off of students.

FEES: assistance is available as needed for any of these items

Grades K5-Year 1 Confirmation: \$40/student, \$110/family maximum if registered **BEFORE 20 July 2020**
 [Year 1 Confirmation is traditional 7th grade RE] \$50/student, \$150/family maximum if registered **AFTER 20 July 2020**

The following items **DO NOT APPLY** to family maximum:

Confirmation fee (Year 2): \$75 (this fee pays for materials, retreat, and reception) **SUBMIT w/Confirmation form**
 First Holy Communion fee: \$45 (this fee pays for the retreat and reception) **SUBMIT w/ FHC form**

You must be a POP parishioner to be in the Religious Education Program

PLEASE PRINT CLEARLY!!!!

Family LAST Name:			
Telephone (please circle best contact):	Home:	Cell:	
Address (include City and Zip Code):			
E-mail Address:			
Father's FULL NAME:			
Mother's FULL NAME:			
Emergency Contact: INCLUDE NAME, PHONE #, RELATIONSHIP			
Is your family registered parishioners of Prince of Peace Catholic Church?	CIRCLE	YES	NO
Do we have permission to photograph your child(ren) (photos will NOT list names)?	CIRCLE	YES	NO
Do you want to OPT OUT your child for our Diocese Safe Environment session in September?	CIRCLE	YES	NO
I would like to volunteer to be a(n)	CIRCLE NONE	RE TEACHER OFFICE Volunteer	RE AIDE SUBSTITUTE

STUDENT #1

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>)	Birthdate
Grade as of Fall '20	
Where did he/she attend RE classes 2019-2020?	
Allergies, medical, IEP, or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
---------	------	----------

FHC Confession	Need	Received
----------------	------	----------

FHC	Need	Received
-----	------	----------

Confirmation	Need	Received
--------------	------	----------

STUDENT #2

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>)	Birthdate
Grade as of Fall '20	
Where did he/she attend RE classes 2019-2020?	
Allergies, medical, IEP, or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
---------	------	----------

FHC Confession	Need	Received
----------------	------	----------

FHC	Need	Received
-----	------	----------

Confirmation	Need	Received
--------------	------	----------

STUDENT #3

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (<i>circle</i>)	Birthdate
Grade as of Fall '20	
Where did he/she attend RE classes 2019-2020?	
Allergies, medical, IEP, or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
---------	------	----------

FHC Confession	Need	Received
----------------	------	----------

FHC	Need	Received
-----	------	----------

Confirmation	Need	Received
--------------	------	----------

STUDENT #4

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (circle) Birthdate	
Grade as of Fall '20	
Where did he/she attend RE classes 2019-2020?	
Allergies, medical, IEP, or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
---------	------	----------

FHC Confession	Need	Received
----------------	------	----------

FHC	Need	Received
-----	------	----------

Confirmation	Need	Received
--------------	------	----------

STUDENT #5

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (circle) Birthdate	
Grade as of Fall '20	
Where did he/she attend RE classes 2019-2020?	
Allergies, medical, IEP, or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
---------	------	----------

FHC Confession	Need	Received
----------------	------	----------

FHC	Need	Received
-----	------	----------

Confirmation	Need	Received
--------------	------	----------

STUDENT #6

Last Name	
First Name	
Middle Name	
Child Resides with whom?	
Male or Female (circle) Birthdate	
Grade as of Fall '20	
Where did he/she attend RE classes 2019-2020?	
Allergies, medical, IEP, or other info we need to know?	

Please Circle one option for each below:

Baptism	Need	Received
---------	------	----------

FHC Confession	Need	Received
----------------	------	----------

FHC	Need	Received
-----	------	----------

Confirmation	Need	Received
--------------	------	----------