

St. Peter in Chains Church  
Parish Religious Education Program (PREP)  
2011-2012 Registration

(please print)

FamilyName: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Are you registered in the parish? Yes \_\_\_\_\_ No \_\_\_\_\_

*I acknowledge that I have read, understand and accept the terms specified in the St. Peter in Chains 2011-12 Parish Religious Education Parent/Student Handbook.*

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School and Grade for 2011-12: \_\_\_\_\_  
Sacraments Received \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
School and Grade for 2011-12: \_\_\_\_\_  
Sacraments Received \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School and Grade for 2011-12: \_\_\_\_\_  
Sacraments Received \_\_\_\_\_

Yes, I can help...

Teacher's Aide \_\_\_\_\_ Substitute Teacher \_\_\_\_\_ Send in Supplies/Snacks \_\_\_\_\_

---

***FEE SCALE: 1 child \$50, 2 children \$65, 3 or more children \$80.***

*Make checks payable to St. Peter in Chains Church and mail  
to Office of Religious Education,*

*St. Peter in Chains Church, 382 Liberty Ave., Hamilton, OH 45013.*

