

*Religious Education Department*

*Prince of Peace Catholic Church*

*4600 Preserve Parkway, Hoover, Alabama 35226*

[http://princeofpeace-hoover.org/rel\\_ed.htm](http://princeofpeace-hoover.org/rel_ed.htm)

**Office Use Only:**

- Family Fee \$65.00
- Sacrament Fee \$25.00
- No Fee (Teacher)
- Bapt. Cert. on File
- POP Parish Reg Card

**RELIGIOUS EDUCATION ENROLLMENT FORM**

***THIS FORM MUST BE COMPLETED FOR ALL FAMILIES ENROLLING CHILDREN IN THE RELIGIOUS EDUCATION PROGRAM AT PRINCE OF PEACE.***

**(PLEASE PRINT AND COMPLETE IN FULL)**

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_

Guardian's First & Last Name: \_\_\_\_\_

Child(ren) Live With: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Home Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Home Address: (if applicable) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Numbers:** Home No: \_\_\_\_\_

Mother's  
Cell No: \_\_\_\_\_ Work No: \_\_\_\_\_ Email: \_\_\_\_\_

Father's  
Cell No: \_\_\_\_\_ Work No: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Home No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Work No: \_\_\_\_\_ Email: \_\_\_\_\_

**Religion of:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

**Mass Most Frequently Attended by Family:**

Saturday 5:00pm \_\_\_\_\_ Sunday 8:30am \_\_\_\_\_ 11:00am \_\_\_\_\_ Lifeteen 5:00pm \_\_\_\_\_

Please tell us any important information that will help us work with your child.  
(i.e.: Shared custody, weekends child not here, **allergies**, new school, etc.)

All Sunday School Classes are taught by volunteers. The experience is very rewarding.  
Would you please consider serving the children/youth? \_\_\_\_\_

Area(s) you will assist in religious education instruction of children/youth \_\_\_\_\_

Grade/Level willing to help: \_\_\_\_\_

**(Continue →)**

(PLEASE PRINT)

Child(ren's) First & Last Name	M/F	Age	Birth Date	Grade Entering	School Entering

PLEASE CHECK ALL SACRAMENTS ALREADY RECEIVED

Child(ren's) First & Last Name	Age	Baptism Date Received	Baptized At P.O.P.	First Eucharist Date Received	First Reconciliation Date Received	Confirmation Date Received
			N / Y			
			N / Y			
			N / Y			
			N / Y			
			N / Y			

PLEASE CHECK SACRAMENTS TO BE RECEIVED THIS YEAR

Child(ren's) Name	Age	Baptism	First Eucharist	First Reconciliation	Confirmation