Registration Pd: ___ Amt. _____ Check/Cash: _____ Baptism Certificate Received: _____

Saint Philip Parish Religious Education Student Registration Form

Kindergarten-8th Grade (Monday evening – 6:30-7:45 pm) **New Pre-K Option: Weekly _____ Monthly _____**

Registration Fee: **$45** for one child; **$30** for each additional child with a maximum of **$75**

A Copy of Student's Baptism Certificate is Required for FIRST TIME REGISTRATIONS

STUDENT NAME: _____

First Middle Last

ADDRESS WITH WHOM STUDENT RESIDES: _____

CITY: _____ ZIP CODE: _____ TELEPHONE: _____

EMAIL ADDRESS WHERE INFO RECEIVED: _____

BIRTHDATE: _____ PLACE OF BIRTH: _____SEX: ___ RELIGIOUS EDUCATION GRADE: _____

PREVIOUS RELIGIOUS EDUCATION PROGRAM: _____ GRADE: _____

_____

Others living in the home and their relationship: _____

_____

Any Siblings in current St. Philip Religious Education Program:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME:_____ GRADE: _____

PLEASE NOTE: ***The information regarding your child's particular needs will be kept confidential and only shared with the Administrator, Director of Religious Education and your child's Catechist.***

ALLERGIES: _____

ANY MEDICATIONS TAKEN: _____

LEARNING NEEDS (please explain): _____

HEALTH/PHYSICAL NEEDS: _____

ANY ISSUES RELATED TO WEEKLY ATTENDANCE (i.e. custodial arrangements, sports activities) **Yes** ____ No _____

If **"Yes",** please explain so that temporary at-home assignments can be given: _____

_____

_____

_____

_____

FAMILY REGISTRATION -- ST. PHILIP PARISH RELIGIOUS EDUCATION 2026 – 2027

Kindergarten-8th Grade (Monday evening – 6:30-7:45 pm) **New Pre-K Option: Weekly _____ Monthly _____**

FAMILY NAME: _____ **CHILD'S LAST NAME:**_____

Who is responsible for religious education? Both Parents _____ Father _____ Mother _____Guardian_____

FATHER'S NAME: _____ **TELEPHONE:**_____

ADDRESS: _____ EMAIL:_____

OCCUPATION: _____ RELIGION:_____

Is the father a registered member of St. Philip? _____ If not, what parish_____

MOTHER'S NAME: _____ **TELEPHONE:**_____

MAIDEN NAME: _____

ADDRESS: _____ EMAIL: _____

OCCUPATION: _____ RELIGION: _____

Is the mother a registered member of St. Philip? _____ If not, what parish?_____

GUARDIAN'S NAME: _____ **TELEPHONE:**_____

ADDRESS: _____ EMAIL: _____

OCCUPATION: _____ RELIGION: _____

Is the guardian a registered member of St. Philip? _____ If not, what parish?_____

In case of an Emergency, if you cannot be reached:

Name: _____ Telephone: _____

Email: _____ Relationship to Child: _____

SACRAMENT	DATE	CHURCH & ADDRESS
BAPTISM		
FIRST EUCHARIST		
CONFIRMATION		

PHOTO RELEASE INFORMATION

I give my permission to have my child/children's photograph in the bulletin or on parish website: **Yes ____ No ___**

_____

SIGNATURE DATE

**** At the conclusion of a session or scheduled event, such as a field trip, retreat experience or activity, the following people have permission to transport my child if I am unavailable: Please list anyone who would be transporting your child.**

NAME: _____ **NAME:** _____