

# Saint Philip Neri

## Parish Religious Education Program

### Family Information

Are you a registered member of the Saint Philip Neri Parish? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living/Deceased Religion: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_ Living/Deceased Religion: \_\_\_\_\_  
Last First Maiden

Address: \_\_\_\_\_  
Number and Street City State Zipcode

Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Parental status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Remarried: \_\_\_\_\_ Single Parent: \_\_\_\_\_

Child lives with: Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_ Step-Parent: \_\_\_\_\_

Emergency/Health Information: Person other than parents or guardian to contact in case of illness or emergency.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Student Information #1

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName1

School: \_\_\_\_\_ School Grade: \_\_\_\_\_ School District: \_\_\_\_\_

Last attended Religious Education Parish: \_\_\_\_\_ Last Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: \_\_\_\_\_ White: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian/Pacific Islander: \_\_\_\_\_ Native American: \_\_\_\_\_ Multi-Racial: \_\_\_\_\_

Continued/Over 

**Saint Philip Neri Religious Program Registration Form****School Year: 2015-2016****Monday Session**\_\_\_\_\_**Tuesday Session**\_\_\_\_\_**PLEASE FILL IN ALL INFORMATION ON BOTH SIDES OF THE REGISTRATION FORM****CUSTODY:** Are there any custody/legal issues? ☐ Yes ☐ No (If yes, please provide a complete copy of the latest court order.)

\*Name of person responsible for Religious Education if not a Parent/Guardian\_\_\_\_\_ Relationship\_\_\_\_\_

\*\*Parent/Guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_ RELATIONSHIP TO CHILD(REN)\_\_\_\_\_

**Please check the box below if you are in agreement with the statement that follows:**☐ I have read the Parent Handbook and agree to the requirements and expectations of the Saint Philip Neri Religious Education Program.☐ I give permission for my child's picture to appear on St. Philip's website, bulletin boards, newspaper articles in relation to events that happen in the parish.☐ **For First Penance, Holy Communion and Confirmation candidates ONLY: I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.****CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Saint Philip Neri Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

Is there other information about your child that should be communicated?

\* As defined by *Individuals with Disabilities Education Act (IDEA)*, the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

**PLEASE CHECK BOTH SIDES AND MAKE CORRECTIONS**

## Student Information #2

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName1

School: \_\_\_\_\_ School Grade \_\_\_\_\_ School District: \_\_\_\_\_

Last attended Religious Education Parish: \_\_\_\_\_ Last Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: \_\_\_\_\_ White: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian/Pacific Islander: \_\_\_\_\_ Native American: \_\_\_\_\_ Multi-Racial: \_\_\_\_\_

## Student Information #3

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName1

School: \_\_\_\_\_ School Grade \_\_\_\_\_ School District: \_\_\_\_\_

Last attended Religious Education Parish: \_\_\_\_\_ Last Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: \_\_\_\_\_ White: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian/Pacific Islander: \_\_\_\_\_ Native American: \_\_\_\_\_ Multi-Racial: \_\_\_\_\_

## Student Information #4

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName1

School: \_\_\_\_\_ School Grade \_\_\_\_\_ School District: \_\_\_\_\_

Last attended Religious Education Parish: \_\_\_\_\_ Last Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: \_\_\_\_\_ White: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian/Pacific Islander: \_\_\_\_\_ Native American: \_\_\_\_\_ Multi-Racial: \_\_\_\_\_

## Student Information #5

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName1

School: \_\_\_\_\_ School Grade \_\_\_\_\_ School District: \_\_\_\_\_

Last attended Religious Education Parish: \_\_\_\_\_ Last Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: \_\_\_\_\_ White: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian/Pacific Islander: \_\_\_\_\_ Native American: \_\_\_\_\_ Multi-Racial: \_\_\_\_\_