

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: 2014-2015****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: _____

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Signed (Parent/Legal Guardian): _____ Date: _____

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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?

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PLEASE CHECK BOTH SIDES AND MAKE CORRECTIONS

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: _____