

St Philip Faith Formation Registration 2017-2018

Tuition: Please enclose at least half of full tuition payment with registration
 One Child: \$150 - Two Children: \$180 - Three + Children: \$200
 Please add \$50 to your total for 2nd Graders to cover the First Reconciliation & First Eucharist Fee

Family Last Name _____ Home Phone _____

Address _____ City/Zip _____

| Mother/Guardian's Information | | |
|-----------------------------------|-------------|-----------|
| _____ | _____ | _____ |
| First Name | Maiden Name | Last Name |
| _____ | _____ | _____ |
| Religion | Occupation | |
| Address (if different than above) | | |
| _____ | _____ | _____ |
| Cell Phone | Work Phone | |
| Email Address | | |

| Father/Guardian's Information | | |
|-----------------------------------|-------------|-----------|
| _____ | _____ | _____ |
| First Name | Maiden Name | Last Name |
| _____ | _____ | _____ |
| Religion | Occupation | |
| Address (if different than above) | | |
| _____ | _____ | _____ |
| Cell Phone | Work Phone | |
| Email Address | | |

Additional Custodial Information: _____

Emergency Contact Information (REQUIRED)

In the event of an emergency and a parent cannot be reached, please contact:

Name _____ **Phone #** _____

Address _____ **Relationship** _____

Volunteer Information (REQUIRE one per family)

Parent/Guardian Name _____ Position _____ Grade Level _____

Catechists, Hall monitors, Substitute teachers, Classroom Helpers or special event helpers needed
 Catechists receive FREE tuition! (This does not include Sacrament fees)

Office Use Only:
 Tuition Pd: _____ Amt Pd: _____ Ck # _____ Cash _____ Virtus Trained Y/N _____

Student Information

Student One: Name _____ Grade (Fall 2107) _____

First Middle Last Nickname

Date of Birth ___/___/___ Gender: M or F Place of Birth _____ School Attending _____

Gr 1-5 Tuesday class 4pm-5:15 ___ Gr 1-5 Wednesday class 4pm-5:15 ___ Gr 6-8 SPYCE Sunday 10am-12:30pm ___

| | | | |
|------------------------|---------------|----------------|-------------------|
| Sacrament Information: | Date Received | Name of Church | Address of Church |
| Baptism | _____ | _____ | _____ |
| Reconciliation | _____ | _____ | _____ |
| Eucharist | _____ | _____ | _____ |

Allergies/Sensitivities: _____ Special modifications support needed? Yes ___ No ___
Does your child have a 504? Y ___ N ___ Explain _____

Student Two: Name _____ Grade (Fall 2107) _____

First Middle Last Nickname

Date of Birth ___/___/___ Gender: M or F Place of Birth _____ School Attending _____

Gr 1-5 Tuesday class 4pm-5:15 ___ Gr 1-5 Wednesday class 4pm-5:15 ___ Gr 6-8 SPYCE Sunday 10am-12:30pm ___

| | | | |
|-----------------------|---------------|----------------|-------------------|
| Sacrament Information | Date Received | Name of Church | Address of Church |
| Baptism | _____ | _____ | _____ |
| Reconciliation | _____ | _____ | _____ |
| Eucharist | _____ | _____ | _____ |

Allergies/Sensitivities: _____ Special modifications support needed? Yes ___ No ___
Does your child have a 504? Y ___ N ___ Explain _____

Student Three: Name _____ Grade (Fall 2107) _____

First Middle Last Nickname

Date of Birth ___/___/___ Gender: M or F Place of Birth _____ School Attending _____

Gr 1-5 Tuesday class 4pm-5:15 ___ Gr 1-5 Wednesday class 4pm-5:15 ___ Gr 6-8 SPYCE Sunday 10am-12:30pm ___

| | | | |
|------------------------|---------------|----------------|-------------------|
| Sacrament Information: | Date Received | Name of Church | Address of Church |
| Baptism | _____ | _____ | _____ |
| Reconciliation | _____ | _____ | _____ |
| Eucharist | _____ | _____ | _____ |

Allergies/Sensitivities: _____ Special modifications support needed? Yes ___ No ___
Does your child have a 504? Y ___ N ___ Explain _____