

2010-2011 St. Philip the Apostle Catholic Church

P.R.E. Registration Form

Registration Fee: 1st child \$25.00/2nd child \$20.00/3rd child \$15.00/4 or more free

Financial assistance is available

Please complete both pages of registration form

Student Information

Last Name: _____ Age as of 8/1 _____ Grade _____

First Name: _____ School Attending: _____

Middle Name: _____ Date of Birth: _____

Nickname: _____ Male _____ Female _____

Did your child attend PRE last year? Yes _____ No _____ If yes, where _____

Family Information

Father/Stepfather/Guardian:

Mother/Stepmother/Guardian:

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Religion: _____

Religion: _____

Marital Status: Married _____ Separated _____ Divorced: _____

Household Contact Information

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Email (please indicate if no email): _____

Parish where registered: _____

Sacramental Information

Baptism

Baptismal Name: _____

Date: _____

Church Name: _____

Church Address: _____

Copy of Baptismal Certificate must be submitted to the Office of Religious Education no later than October 3, 2010. If previously submitted, please check here _____.

First Communion

Date: _____

Church Name: _____

Church Address: _____

Confirmation

Date: _____

Church Name: _____

Church Address: _____

Does child have any serious or chronic medical condition or known allergies?

Yes _____ No _____

If yes, please explain _____

Please list any medications child is currently taking: _____

I authorize the St. Philip staff to summon emergency medical treatment in the event my child becomes seriously ill or injured. I further release St. Philip's staff and the Diocese of Memphis from any and all liability and waive any claims against them in regard to any accident or injury by participation in any activities of the religious education programs at St. Philip the Apostle.

Signature of Parent/Guardian: _____ Date: _____

Office Use:

Date Paid: _____ Taken by: _____

Amount: _____ Check # _____ Cash _____

Multiple registrations-list siblings: _____

Date forwarded to bookkeeper: _____