

# St Philip Faith Formation Registration 2018-2019

---

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 2<sup>nd</sup> 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)

**Your email & cell # to be used with FLOCKNOTE messaging**

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

## Student Information

**Student One:** Name \_\_\_\_\_ Grade (Fall 2108) \_\_\_\_\_

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 \_\_\_\_\_