

Religious Education Registration
St. Phillip Benizi Catholic Community
2010-2011 School Year

Child's full name: _____

Nickname: _____ Date of Birth: _____ Age: _____

Allergies or medical problems: _____

Grade in Fall: _____ Last grade completed in Religious Education classes: _____

Place of Birth (City & State): _____

Check the sacraments this student has received:

_____ Baptism _____ Penance _____ Eucharist _____ Confirmation

Church of Baptism, City & State: _____

Date of Baptism: _____ Does SPBCC have a copy of the baptism certificate? _____

Parent/Guardian information:

Father's Name: _____

Mother's Name: _____

Home Address: _____

City, State, Zip: _____

Phones: Home _____ Mother's Cell _____ Father's Cell _____

Mailing Address (if different): _____

City, State, Zip _____

Emergency contact: _____ Phone _____

For Parents:

_____ I am interested in assisting in my child's class.

_____ I can assist with special projects occasionally.

For office use only:

___ Family registered in Parish

___ Baptism certificate on file

___ Return student