



**Religious Education Registration  
St. Phillip Benizi Catholic Community  
2024-2025 School Year**

Child's full name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Allergies or medical problems: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ Last grade completed in Religious Education classes: \_\_\_\_\_

**Parent/Guardian information:**

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phones: Home \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

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
- \_\_\_ Registration Fee Paid

## SACRAMENTAL INFORMATION

**Baptism** Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

\*PLEASE PRESENT COPY OF BAPTISMAL CERTIFICATE WITH REGISTRATION

**First Communion** Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

**Reconciliation** Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

**Confirmation** Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

REGISTRATION FEE \$25.00 per child or \$50.00 per family

\*Fees are waived if you are a catechist or co-catechist

### Model Release Statement

I hereby grant permission for my child to be photographed and/or videotaped during ministry activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and /or videotaped footage to be edited, if necessary and the published and/or broadcast for the purpose of promoting ministry and/or youth programs at St. Philip Benizi

Name (please print) \_\_\_\_\_

(Signature) \_\_\_\_\_

I hereby decline to grant permission for my child to be photographed and/or volunteers that he/she may not be photographed and or videotaped under any circumstances.

Name (please print) \_\_\_\_\_

(Signature) \_\_\_\_\_