



**Religious Education Registration
St. Phillip Benizi Catholic Community
2026-2027 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) _____