

RETURNING STUDENT

St. Philip Neri Religious Education Registration 2016-2017

Family Name _____ Date _____

<u>Student's Name</u>	<u>Grade in Sept. 2016</u>	<u>School in Sept. 2016</u>	<u>Class Time</u>	<u>Class Day (Grades 5-8 only)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any medical issues or special circumstances that your child has that would be helpful to know:

Primary Phone: _____

Mother's Cell Phone: _____ Business Phone: _____

Father's Cell Phone: _____ Business Phone: _____

E-mail address (If Changed): _____

Home Address (If Changed): _____

Emergency Contact (If Changed) – NOT PARENT (this contact is used when parent cannot be reached)

Name _____ Relationship _____ Phone _____

Family Status: Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Custodial Parent ___

Registered in Parish Yes ___ No ___ Parish Envelope # _____

Would Parent/Parents be interested in participating in our Religious Education Program as a (please circle one):

Teacher ___ Substitute Teacher ___ Office Help ___ Greeter/Hall Monitor ___ If so, are you VIRTUS Trained: Yes ___ No ___

Tuition: 1 child: \$150.00 2 children: \$250.00 3 or more children: \$365.00

**Sacramental Fees: 2nd Grade - Communion Fee: \$85.00 5th and 6th Grade – Bible Fee: \$10.00
8th Grade - Confirmation Fee: \$125.00**

Please make check payable to: St. Philip Neri \$ _____ accompanies this registration form

Credit Card Information (Fill in the following only when mailing in registration)

___ AMEX ___ MC ___ VISA _____ EXPIRATION DATE : _____

Credit Card Number: _____

Zip Code for Billing Address: _____ Street #: _____

Name on Credit Card: _____

Cardholder's Signature: _____

For Office Use Only

Date _____ Amount Paid _____ Check # _____ Cash _____ Credit _____