

**1<sup>st</sup> GRADE STUDENT (NEW)**

**St. Philip Neri Religious Education Registration 2019-2020**

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ **Class Time: 3:30 or 5:00**

Date of Birth \_\_\_\_\_ Grade / School in Sept. 2019 \_\_\_\_\_ / \_\_\_\_\_  
Grade School

Address \_\_\_\_\_  
Street City, State Zip

Primary Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
( First and Last Name)

**E-mail:** \_\_\_\_\_

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

Student's Baptism Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

**Copy of Baptism Certificate must be received at time of registration unless baptized at St. Philip Neri Parish**

Family Status: Married ( ) Single ( ) Widowed ( ) Separated ( ) Divorced ( ) Custodial Parent ( )

Registered in Parish Yes \_\_\_ No \_\_\_ Parish Envelope # \_\_\_\_\_

**Tuition: 1 child: \$180.00 2 children: \$295.00 3 or more children: \$400.00**

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

**Credit Card Information**

Card Type: AMEX MC VISA EXPIRATION DATE : \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing Address: Zip Code: \_\_\_\_\_ Street Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**For Office Use Only**

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Credit: Batch \_\_\_\_\_

Baptism Certificate Received \_\_\_\_\_