

Sacred Heart/St. Philip Neri Parish
Religious Education Registration Form\Family Data Sheet

Family Name: _____ **Home Phone:** _____

To whom and with what title should mail be addressed? _____

Address: _____
 Number **Street** **City/State/Zip**

E-Mail address: _____

In case of Emergency
Contact: _____

Emergency Phone:

Emergency Relationship:

Father's Name: _____

Religion: _____

Occupation: _____

Wk. Phone: _____

Mother's Name: _____

Religion: _____

Occupation: _____

Wk. Phone: _____

Mother's Maiden Name: _____

<i>Child's Name</i> <i>(last if different)</i>	<i>Gender</i>	<i>Birth Date</i>	<i>Grade School</i>	<i>Baptism Date</i> <i>Church - City</i>	<i>First Eucharist</i> <i>Date</i>	<i>Confirmation</i> <i>Date</i>

Please specify if child(ren) have any special needs such as medical/learning etc. Where did child(ren) participate in Religious Education last year? What Grade?

Parent's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Amt. due: _____ **Amt. Paid:** _____ **Balance due:** _____

Check #: _____ **M.O. #:** _____ **Cash:** _____