

Registration 2017 - 2018



Father's Last Name _____ Father's First Name _____ Street Address _____ City _____ Zip _____ Home Phone _____
 Mother's Last Name _____ Mother's First Name _____ Street Address (If different from fathers) _____ City _____ Zip _____ Phone (If different) _____
 Parish currently registered _____ **E-Mail** _____ We will use this for all our communicating needs. _____ Cell Phone _____
During this school year we have set up a system that will allow us to send a text to you when necessary
 List of persons with permission to pick up this/these registered student(s) _____

Student's Name _____ Grade _____
 First Middle Last
 Date of Birth _____ Date of Baptism _____ Place of Baptism (Church and City/state) _____
 Date of First Communion _____ Place of First Communion (Church and City/state) _____
 School Attending _____ Special Needs;/Learning Disabilities? Yes No If yes someone will contact you..

Student's Name _____ Grade _____
 First Middle Last
 Date of Birth _____ Date of Baptism _____ Place of Baptism (Church and City/state) _____
 Date of First Communion _____ Place of First Communion (Church and City/state) _____
 School Attending _____ Special Needs;/Learning Disabilities? Yes No If yes someone will contact you..

Student's Name _____				Grade _____
_____	_____	_____	_____	_____
	First	Middle	Last	
Date of Birth _____	Date of Baptism _____	Place of Baptism (Church and City/state) _____		
Date of First Communion _____	Place of First Communion (Church and City/state) _____			
School Attending _____	Special Needs;/Learning Disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes someone will contact you..			
Student's Name _____				Grade _____
_____	_____	_____	_____	_____
	First	Middle	Last	
Date of Birth _____	Date of Baptism _____	Place of Baptism (Church and City/state) _____		
Date of First Communion _____	Place of First Communion (Church and City/state) _____			
School Attending _____	Special Needs;/Learning Disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes someone will contact you..			

*** Please Note: If students will be missing more than two weeks of classes please contact the DRE at 962-9506 or kwilliams@stphilipbc.org**

P A Y M E N T	\$ _____	Amt. Paid
	_____	Date Paid
	_____	Ck #
	_____	(initial)

<p>FINANCIAL INFORMATION</p> <p><i>Registration is \$50 Per Student or \$80 maximum for a Family. On line course \$30.00 Please return this form to Parish Office. Payment is due by the beginning of school year. Scholarships and arrangements for making payments are available — call the DRE @ 962-9506 or the reception desk at 968-6645.</i></p>
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