



St. Philip the Apostle Catholic Church
ALL GRADES FORMATION ENROLLMENT FORM 2016-17
*****ALL TUITION AND FEES ARE NON-REFUNDABLE *****

Today's Date _____

Family Last Name _____

Address _____

City/Zip _____

Home # _____

Family E-Mail Address _____

Prefer to be contacted by E-Mail Yes Thank you for helping us go green & save costs by using family e-mail.

All Catholic families are encouraged to register with the parish. Do you want to register now? Yes

/Child's Last Name (if diff)

Family Last Name

ID #

For Office Use Only

Date	PS/E	MS	HS	Total #
	\$	\$	\$	\$
Elem Tuition	60			
MS Tuition	60			
HS Tuition	120			
Total	\$			\$

Scholarship Signatures	1	2	
Credit?	V	E	S
Ck #			Cash
Initials			

(CIRCLE ONE) FATHER / STEPFATHER	(CIRCLE ONE) MOTHER / STEPMOTHER
Last Name	Last Name
First Name	First Name
(Circle One) Mr Mrs Ms Dr Other	(Circle One) Mr Mrs Ms Dr Other
Marital Status Single Engaged Married Widowed Divorced	Marital Status Single Engaged Married Widowed Divorced
Religion Catholic Non-Catholic _____	Religion Catholic Non-Catholic _____
Personal Cell #	Personal Cell #

VOLUNTEER INFORMATION: Volunteer Name(s)

1. _____

2. _____

What session are you working in ?

PS-Elementary Sun 1:00-2:30p	_____	CLW	_____
PS-Elementary Tues 4:30-6:00p	_____	Middle School Team	_____
PS-Elementary Wed 4:30-6:00p	_____	High School Team	_____
PS-Elementary Wed 7:00-8:30p	_____	Food Team Leader	_____
		Food Team Helper *	_____
		*No Tuition Discount	

What job have you signed up for?

Coordinator	_____	Office Helper	_____
Substitute Teacher	_____	Childcare Worker	_____
Teacher _____ Grade _____	_____	CLW Presider	_____
		CLW Song Leader	_____

If teaching, do you prefer to have your child in class? _____

(Turn card over for student information)

1st Student
Name _____ Fall Grade _____ Age _____ Sex: M ___ F ___
(Last) (First) (Middle)
Religion _____ School _____ Date of Birth _____
Baptized in the Catholic Church Yes _____ No _____

Formation Session Circle One

Sunday 1:00pm Tuesday 4:30pm Wednesday 4:30pm Wednesday 7:00pm
Middle School Wednesday 7:00pm High School Sunday 7:00pm

Health Concerns: _____

2nd Student
Name _____ Fall Grade _____ Age _____ Sex: M ___ F ___
(Last) (First) (Middle)
Religion _____ School _____ Date of Birth _____
Baptized in the Catholic Church Yes _____ No _____

Formation Session Circle One

Sunday 1:00pm Tuesday 4:30pm Wednesday 4:30pm Wednesday 7:00pm
Middle School Wednesday 7:00pm High School Sunday 7:00pm

Health Concerns: _____

3rd Student
Name _____ Fall Grade _____ Age _____ Sex: M ___ F ___
(Last) (First) (Middle)
Religion _____ School _____ Date of Birth _____
Baptized in the Catholic Church Yes _____ No _____

Formation Session Circle One

Sunday 1:00pm Tuesday 4:30pm Wednesday 4:30pm Wednesday 7:00pm
Middle School Wednesday 7:00pm High School Sunday 7:00pm

Health Concerns: _____

4th Student
Name _____ Fall Grade _____ Age _____ Sex: M ___ F ___
(Last) (First) (Middle)
Religion _____ School _____ Date of Birth _____
Baptized in the Catholic Church Yes _____ No _____

Formation Session Circle One

Sunday 1:00pm Tuesday 4:30pm Wednesday 4:30pm Wednesday 7:00pm
Middle School Wednesday 7:00pm High School Sunday 7:00pm

Health Concerns: _____