

St. Philip CCE Student Registration Form 2020-21

Student _____ Male ___ Female ___
First Middle Last
Date of Birth _____ Age ___ School _____ Grade (2020/21) _____
City of Birth _____ Who does child live with? _____

Father/Guardian _____
First Middle Last
Address _____ City _____ State ___ Zip ___
Home (____) _____ Cell (____) _____ Email _____
Religion _____ Member of St. Philip's? ___ Yes ___ No * If no, where are you registered?
Marital Status Married ___ Separated ___ Divorced ___

Mother/Guardian _____
First Middle Last
Address _____ City _____ State ___ Zip ___
Cell (____) _____ Email _____
Religion _____ Member of St. Philip's? ___ Yes ___ No * If no, where are you registered?
Marital Status Married ___ Separated ___ Divorced ___

Emergency Contact
Name _____ Number _____ Relation to child _____

Authorized Child Pickup
Please list names of those who have your permission to pick up your child from CCE class, other than the Parent/Guardian.

Name _____ Relation to the child _____

Name _____ Relation to the child _____

Did your child attend instruction classes in the Catholic faith last year? Yes ___ No ___

*If yes, where? Parish/School Name _____

Please list the sacraments that your child has received and provide a photocopy of each certificate.

***Baptism** Date _____ Church _____

City _____ State _____

***1st Reconciliation** Date _____ Church _____

City _____ State _____

***1st Communion** Date _____ Church _____

City _____ State _____

***Confirmation** Date _____ Church _____

City _____ State _____

Please list other siblings: _____

Photo Release: I give St. Philip Catholic Mission permission to use pictures and videos of our family and children for the church bulletins, website and slide shows.

Signature Date