

Saint. Philip Neri Parish
 Department of Religious Education Program
 3025 Grand Concourse • Bronx, NY • 10468

Date Registered: _____
 Reg. Fee: \$ _____ Receipt: _____
 Course: _____
 Teacher: _____

(Return completed form to the parish rectory at the address above)

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Male Female

School: _____ Grade in Public School. (September): _____

Place of Birth: _____ Home Phone: _____

(Please check one)

- Student is new to the Rel. Ed. Program at St. Philip Neri Parish.
- Student attended last year.

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Religion: _____

Home Address

Street: _____ Apartment # _____ City/State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father's Name: _____ Religion: _____

Home Address (If different from student's address):

Street: _____ Apartment # _____ City/State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Email: _____

SIBLING INFORMATION

Does the student have any siblings who are also attending Religious Education here? Yes No

If yes, please list:

Name _____ Grade in P.S. (by September): _____

Name _____ Grade in P.S. (by September): _____

Name _____ Grade in P.S. (by September): _____

SACRAMENTS

Indicate which sacraments the student has received. Please attach copies of the appropriate certificates to this registration form.*

- Baptism Penance Communion Confirmation

Office Use Only

Sacrament : _____

MEDICAL & EMERGENCY INFORMATION

*All information contained herein pertains only to the student listed above.

Does the student have any known illnesses (e.g.: diabetes, asthma, etc)? Yes No

If yes, please list: _____

Does the student have any known allergies (drugs, foods, etc)? Yes No

If yes, please list: _____

Does the student take any prescription drugs? Yes No

If yes, please list: _____

Does the student have any physical, learning, or other disability of which we should be aware in order to help him/her excel in the classroom? Yes No

If yes, please describe: _____

In the case of an emergency concerning this student, we will first attempt to contact you, the parent/guardian. However, if you cannot be reached, we will contact another person of your choosing. Please designate such person below.

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

CONSENT FOR MEDICAL TREATMENT

I hereby grant permission for medical evaluation, treatment, and/or hospitalization in case of illness or accident for my child. I grant permission for hospital admission and for the administration of anesthetics and necessary operative procedures in an emergency. I give permission for the release of information concerning my child's medical condition(s) to other responsible school/parish officials when necessary.

Name of child: _____ Family Hospital: _____

Signature of Parent/Guardian: _____ Date: _____

STATEMENT

I certify that, to the best of my knowledge, all information entered on this registration form is accurate and complete. I agree to work together with St. Philip Neri Parish and its Religious Education Program to teach my child the Catholic faith. I understand that, as a parent or guardian, I am the primary educator of my child; and if my child is to be a good and faithful Catholic, it must begin at home with family prayer, Christian example, and the values we foster in the household. I further acknowledge, understand, and agree that, if my child does not meet the Religious Education Program requirement for class attendance and Mass attendance, he/she will be withheld from receiving Baptism, Penance, Communion, and or Confirmation during the current academic year.

Parent/Guardian Name: _____ Signature: _____ Date: _____