

**St. Philip the Apostle Church  
School of Religion**

-----  
Last Name                      First Name                      Birth Date

Address -----

Telephone Number -----

Emergency: Name ----- Phone # -----

Baptism -----  
                    Date                                      Name of Church

Church Address -----

Penance            Yes ----- No -----

First Communion -----  
                                    Date                                      Name of Church

Church Address -----

Confirmation -----  
                                    Date                                      Name of Church

Church Address -----

Father's Name ----- Religion -----

Mother's Maiden Name ----- Religion -----

School District -----

School -----

**If your child was not baptized at St. Philip the Apostle Church, please include a copy of your child's baptismal certificate. If you cannot locate it, please contact the Church where the Baptism was celebrated. The Church can issue you another certificate. Your child may not receive any sacraments at St. Philip's without having his/her baptismal record on file. Thank you.**

**Registration Fee (per year) is \$25.00 for first child: \$40.00 total for two children; \$55.00 total for three children; \$60.00 total for more than three children. Fee must be paid by third Sunday of class. Checks should be made to St. Philip the Apostle Church. Please write RE FEE on the memo line. You may return this form to the RE office, put it in the collection basket, or mail it to St. Philip's. Thank you.**