RETURNING STUDENT

St. Philip Neri Religious Education Registration 2026-2027

Family Name _____ Date _____

Student's Name	Birth Date	Grade in Sept. 2026	School in Sept. 2026

Weekly Classes Times

Grade 2 – Mon. 5:00-6:00
Grade 3 – Tues. 5:00-6:00
Grade 4 – Wed. 5:00-6:00
Grade 5 – Tues. 5:00-6:00
Grade 6 – Wed. 5:00-6:00
Grade 7 – Mon. 6:30-7:30
Grade 8 – Mon. 6:30-7:30

Any medical issues or special circumstances that your child has that would be helpful to know:

_____

Please enter the following contact information ONLY IF IT HAS CHANGED

Primary Phone: _____

Mother's Phone: _____ Father's Phone: _____

E-mail address: _____

Home Address: _____

Emergency Contact – NOT PARENT (this contact is used when parent cannot be reached)

Name _____ Relationship _____ Phone _____

Family Status: Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Custodial Parent ____

Registered in Parish Yes ___ No ___ Parish Envelope # _____

Would you be interested in participating in our Religious Education Program as a :

Teacher _____ Substitute Teacher _____ Hall Monitor _____ Are you VIRTUS Trained: Yes ___ No ___

(Catechists receive a $225.00 discount on their registration fee for teaching.)

Picture Release - When we have special events, we sometimes take photographs and put them in our Bulletin, on our website, the diocesan website or display them outside the Faith Formation office.

_____ **I give permission** for my child to be photographed and to have that photograph posted in the Bulletin, on the parish or diocesan website or publicly displayed. Please Initial: _____

Yes or No

Tuition: 1 child: $225.00 2 children: $335.00 3 or more children: $400.00

Sacramental Fees: 2nd Grade - Communion Fee: $100.00 8th Grade - Confirmation Fee: $150.00

Please make check payable to: St. Philip Neri $ _____ accompanies this registration form.

Name on Credit Card: _____

Credit Card Number: _____ EXPIRATION DATE : _____

CVV Security Code: _____ Billing Address: Zip Code: _____ Street Number: _____

Cardholder's Signature: _____

For Office Use Only

Date _____ Amt. Paid _____ Check # _____ Credit: Batch_____