St. Philip Benizi

Education Registration 2011

Please fill this form out for your children attending classes in 2011-2012

Family Name _____ Home Telephone # _____ E-Mail Address _____

Father's Name _____ Occupation _____ Work # _____ Cell # _____

Mother's Name _____ Occupation _____ Work # _____ Cell # _____

Address _____
Street *City* *Zip*

Mailing Address _____
street *City* *Zip*

Information about your child(ren)						Sacraments your child has received (mark box)				Sacraments you want your Child to receive this year (mark box)			
	Child's Name	Preferred Name	Birth Date	Age	Grade	Baptism	Eucharist	Penance	Confirmation	Baptism	Eucharist	Penance	Confirmation
1						☐	☐	☐	☐	☐	☐	☐	☐
2						☐	☐	☐	☐	☐	☐	☐	☐
3						☐	☐	☐	☐	☐	☐	☐	☐
4						☐	☐	☐	☐	☐	☐	☐	☐
5						☐	☐	☐	☐	☐	☐	☐	☐
6						☐	☐	☐	☐	☐	☐	☐	☐
7						☐	☐	☐	☐	☐	☐	☐	☐