



# St. Philip the Apostle Catholic Church

## PRE and Sacrament Registration

### 2024-2025



*If not baptized at St. Philip Parish, please attach a copy of the child's Baptismal Certificate.*

**Student Information:**

**Last Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Age (As of 8/1/24):** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Grade Attending Fall 2024:** \_\_\_\_\_

**Goes By:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Gender:**      Male                  Female

**Birthplace:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Family Email:** \_\_\_\_\_

**Parish Where Registered:** \_\_\_\_\_

**Grade Level of Religious Education Student Has Completed (circle each):**

K      1      2      3      4      5      6      7      8      9      10      11

**Family Information:**

Father/Guardian/Stepfather (circle one)

Mother/Guardian/Stepmother (circle one)

**Last Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Marital Status:**      Married                  Separated                  Divorced                  Widowed

**Student Resides With:**                  Both Parents      Mother      Father      Guardian

Family Members in RCIA (Rite of Christian Initiation of Adults)?      Yes      No

If Yes, Name and Relationship: \_\_\_\_\_

**Sacraments Received:**

**Please Circle One:** Catholic Baptism Protestant Baptism Not Baptized

**Baptism:** Date: \_\_\_\_\_ Church Name, City, State: \_\_\_\_\_

**First Communion:** Date: \_\_\_\_\_ Church Name, City, State: \_\_\_\_\_

**Confirmation:** Date: \_\_\_\_\_ Church Name, City, State: \_\_\_\_\_

**Sacraments Needed:**

I desire that my child receive the Sacrament(s) of: (check all that apply)  
\_\_\_\_\_ Baptism \_\_\_\_\_ First Reconciliation \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation

Sacrament preparation is a two year process. Each child must have been enrolled in a Catholic school or PRE program last year in order to receive a sacrament this year.

**Health Information:**

Does the student have any health conditions or has Special Needs? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is student taking any medications? If yes, please list: \_\_\_\_\_

Is the student allergic to any FOODS or MEDICINE? YES NO If yes, please specify: \_\_\_\_\_

- I authorize the St. Philip’s Staff to summon emergency medical treatment in the event my child (children) becomes seriously ill or injured, and I further release St. Philip’s Staff and the Diocese of Memphis from any and all liability and waive any claims against them in regard to any accident or injury by participation in any activities of a St. Philip the Apostle program.
- My signature gives St. Philip the Apostle Church permission to photograph or videotape my child at St. Philip’s P.R.E. or any P.R.E. activity. This photo may be published in the newspaper, church website or weekly bulletin. \*(If not, please attach your decline in writing.)
- The Virtus Touching Safety Program for Children will be presented in the Religious Education Program each year. This program is an implementation of the Charter for the Protection of Children and Young People adopted in 2002 by our nation's bishops. Note: Any parent is permitted to "opt out" of the Virtus Touching Safety Program for Children, excluding their child from this presentation. To opt out, please contact the Religious Education Office.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*For Office Only**

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_