St Philip Benizi

Education Registration 2016

Please fill this form out for your children attending classes in 2016-2017

Family Name _____ Primary Phone Number _____ Primary E-Mail

_____@_____

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

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

Address_____
Street *City* *Zip*

Mailing Address_____
street *City* *Zip*

I prefer to get information via text____ email____ or voice mail____

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													