

## 2018-2019 Shepherd of Souls A Family of Faith Registration Form

FAMILY NAME	HOME PHONE									
MAILING ADDRESS					_					
					_				REGISTERED MEMBER OF	
MOTHER'S NAME	CELL PHONE								I I I I I I I I I I I I I I I I I I I	
FATHER'S NAME	CELL PHONE St. Johns									
EMERGENCY CONTACT NAME	NAME PHONE								Our Lady Not Registered	
E-MAIL ADDRESS										
Special learning needs:(All information will be kept confiden	tial and	l will be shared	only with your	chilo	l's tea	ıcher.	)			
	SACRAMENTS Please check those <u>already</u> received									
CHILD'S NAME (First & Last if differs from parent)	Gender (M/F)	BIRTHDATE	GRADE 2017-2018	BAPTISM	RECONCILIATION	EUCHARIST	CONFIRMATION		LLERGIES/MEDICAL CONDITIONS st details on back if applicable)	
		/						YES/NO		
		//						YES/NO		
		//						YES/NO		
		//						YES/NO		
		/						YES/NO		
		//						YES/NO		
My Children Grades 4									amming	
FAMILY FEE: \$75 per family (Fee waved for Program Volunteers)										
SCHOLARSHIPS ARE AVAILABLE FOR THOSE WITH FINANCIAL NEED										

Unless you notify the parish, the Church of St. Philip assumes permission to use your child's photograph for print and electronic communications and publicity. This includes attendance at retreats, faith formation sessions and church sponsored social functions.