



St. Philip the Apostle Catholic Church

PRE and Sacrament Registration

2023-2024



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 8/1/23): _____

Middle Name: _____

Grade Attending Fall 2023: _____

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 _____