



San Felipe de Neri
 Religious Education **1st-7th Grade** Registration
 PO Box 7007, Albuquerque, NM 87194
(505) 243-4628
 www.sanfelipedeneri.org



*Please indicate which program you are registering for: Monday 1st-3rd grade classes (English) ___ 4th-7th grade classes ___
 Tuesday 1st-5th grade classes (Spanish) _ (Students in 8th-12th grade must fill out Confirmation Registrations Form)
 Registration Fee: \$25.00 per student.*

Student's Last Name: _____ Date: _____

Please fill out a separate form if children have different last names

Parish of Registration: _____

Fathers Full Name: _____ Home Phone: _____ Cell Phone: _____

Mothers Full Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ Alternate Phone#: _____

Are both parents Catholic? Yes _____ No _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Email: (Father's) _____ (Mother's) _____

Legal Guardian (if different from above): _____ Phone #: _____

Legal Guardian Email: _____ Cell phone: _____

Emergency Contact: _____ Relation: _____ Phone#: _____

Student's First Name: _____ Middle Name: _____ Birthdate: ____/____/____

Gender: _____ **Grade:** _____ Parish & City of Birth: _____

Sacraments Received:	<i>Baptism</i>		<i>Eucharist</i>		<i>Special Needs: Please inform us if your child requires special attention for any physical handicaps, learning disabilities, behavioral issues, allergies, etc...</i>
Date:	____/____/____		____/____/____		
Parish/Place:	_____		_____		

Sacraments Needed: Baptism _____ Reconciliation _____ Communion _____

Student's First Name: _____ Middle Name: _____ Birthdate: ____/____/____

Gender: _____ **Grade:** _____ Parish & City of Birth: _____

Sacraments Received:	<i>Baptism</i>		<i>Eucharist</i>		<i>Special Needs: Please inform us if your child requires special attention for any physical handicaps, learning disabilities, behavioral issues, allergies, etc...</i>
Date:	____/____/____		____/____/____		
Parish/Place:	_____		_____		

Sacraments Needed: Baptism _____ Reconciliation _____ Communion _____

Student's First Name: _____ Middle Name: _____ Birthdate: ____/____/____

Gender: _____ **Grade:** _____ Parish & City of Birth: _____

Sacraments Received:	<i>Baptism</i>		<i>Eucharist</i>		<i>Special Needs: Please inform us if your child requires special attention for any physical handicaps, learning disabilities, behavioral issues, allergies, etc...</i>
Date:	____/____/____		____/____/____		
Parish/Place:	_____		_____		

Sacraments Needed: Baptism _____ Reconciliation _____ Communion _____

- _____ My child/children were enrolled in religious education classes last year at San Felipe de Neri Parish.
- _____ My child/children were enrolled last year at _____ Parish.
- _____ My child/children were **not** enrolled in religious education classes last year.

***** NOTE: If any of your children were baptized outside of this parish you must provide us a copy of each child's baptism certificate by **Monday, September 26, 2016*******

Parent Signature: _____ Date: _____