



**St. Philip Neri Faith Formation
2018 – 2019
SPRED Registration**

Please print NEATLY:

Student's Name _____ Date of Birth _____

Parents: _____

Address: _____
Street City/State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: Mother: _____ Father: _____

Child's Functioning level (age or grade) _____ What goals do you have for your child
in the SPRED program? (Sacraments, growing closer to God, social)

Are you registered with St. Philip Neri? Yes No

Please list all Sacraments received with date:

Baptism Date: _____ Church: _____

Address of Church (if not SPN) _____

Reconciliation Date: _____ Church: _____

Address of Church (if not SPN) _____

Eucharist Date: _____ Church: _____

Address of Church (if not SPN) _____

Confirmation Date: _____ Church: _____

Address of Church (if not SPN): _____

****If I cannot be located, I give the St. Philip Neri Staff the right to seek medical assistance in case of an emergency.**

Parent Signature: _____ Date: _____

Please fill out medical information next page

Medical Information

Date _____

Name _____

Visual Impairment?/Glasses _____ Hearing impairment ?/aid _____

List food allergies _____

Special diet? (gluten free) Describe _____

Will your child be able to partake in SPRED provided refreshments or do you prefer to provide your own? _

Does he/she have seizures? _____ Describe type and frequency _____

Describe your child's toileting ability _____

Emergency Information

Who to contact:

Parent/ Guardian _____ Phone _____ Cell _____

Other/Relationship _____ Phone _____

Hospital _____

Insurance _____ Group # & Policy Holder _____

Medications _____

Allergies _____

Any special instructions _____

I understand I am responsible for updating my child's medical information as necessary.

Signature: _____ **Date:** _____