



Family Formation Registration Form
St. Philip Neri-Blessed Sacrament Parish
8200 N. 30th Street • Omaha, NE 68112

Please print and complete BOTH sides

Fee payable to St. Philip Neri-Blessed Sacrament Parish- Registrations Received after July 1st add \$100.00

Registered Parishioner: \$125.00 1 child- \$175.00 2 children- \$225.00 3 children- \$275.00 4 children- \$300.00 MAX

Non- Registered Parishioner: \$150.00 per child

Additional Sacrament Fees: First Reconciliation/ First Communion, Confirmation \$30.00 each child

Father's Name _____ Mother's Name _____

Registered in Parish YES NO Mother's Maiden Name _____

Children Live With _____

Address _____

City/State/Zip Code _____

Home Phone _____ Mom Cell _____ Dad Cell _____

E-Mail _____

In the event of an emergency, who else may be contacted?

Name _____ Phone # _____

Relationship to family _____

Please list person or persons who will be dropping/picking up children other than parents:

Name: _____ Phone # _____

Your preferred e-mail address that is checked often for receiving communications:

Amount Paid \$	Check#	Date Paid:
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Office Use Only

Student Enrollment Information:

1. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: Baptism: YES NO Church of Baptism _____

Reconciliation: YES NO Eucharist: YES NO Confirmation: YES NO

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances

2. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: Baptism: YES NO Church of Baptism _____

Reconciliation: YES NO Eucharist: YES NO Confirmation: YES NO

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances

3. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: Baptism: YES NO Church of Baptism _____

Reconciliation: YES NO Eucharist: YES NO Confirmation: YES NO

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances

4. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: Baptism: YES NO Church of Baptism _____

Reconciliation: YES NO Eucharist: YES NO Confirmation: YES NO

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances
