

St. Philip the Apostle Church Registration

Please Print

FAMILY INFORMATION

Family Last Name _____ Home Phone _____

Street Address _____ Zip _____

ADULT MEMBER(S) INFORMATION

Head of Household _____ Gender M F Marital Status S M W

Cell Phone _____ Wk Phone _____ Email _____

Birthdate ____/____/____ Language(s) _____ Occupation _____

Employer _____

Services to Share? (Please check all that apply)

- | | | | | | |
|--|--------------------------------------|---------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Art & Design | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Gardening | <input type="checkbox"/> IT Tech | <input type="checkbox"/> Photographer | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Electrician | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Laundry/Ironing | <input type="checkbox"/> Plumber | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Caterer/Cook | <input type="checkbox"/> Filing | <input type="checkbox"/> Handy Man | <input type="checkbox"/> Notary | <input type="checkbox"/> Sewing | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Computer | <input type="checkbox"/> First Aid | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Painter | <input type="checkbox"/> Tree Trimmer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Florist | <input type="checkbox"/> House Keeper | <input type="checkbox"/> Party Planner | <input type="checkbox"/> Tutor | _____ |

Spouse/Adult _____ Gender M F Marital Status S M W

Cell Phone _____ Wk Phone _____ Email _____

Birthdate ____/____/____ Language(s) _____ Occupation _____

Employer _____

Services to Share? (Please check all that apply)

- | | | | | | |
|--|--------------------------------------|---------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Art & Design | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Gardening | <input type="checkbox"/> IT Tech | <input type="checkbox"/> Photographer | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Electrician | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Laundry/Ironing | <input type="checkbox"/> Plumber | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Caterer/Cook | <input type="checkbox"/> Filing | <input type="checkbox"/> Handy Man | <input type="checkbox"/> Notary | <input type="checkbox"/> Sewing | <input type="checkbox"/> Welder |
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| <input type="checkbox"/> CPR | <input type="checkbox"/> Florist | <input type="checkbox"/> House Keeper | <input type="checkbox"/> Party Planner | <input type="checkbox"/> Tutor | _____ |

CHILDREN'S MEMBER INFORMATION

Child _____ Gender M F Birthdate ____/____/____

Child _____ Gender M F Birthdate ____/____/____

Child _____ Gender M F Birthdate ____/____/____

Child _____ Gender M F Birthdate ____/____/____

Child _____ Gender M F Birthdate ____/____/____