

Date of Registration: _____

**Immaculate Conception B.V.M. Church
Religious Education Registration Form 2017 - 2018**

Child's Full Name _____

Gender: *Male* _____ *Female* _____ Grade Entering in September _____

Birth Date _____ Place of Birth - City, State, Country _____

Health Issues/ Special Needs _____

SACRAMENT INFORMATION

❖ Was the child Baptized in the Catholic Church? (Pick One Below)

YES

Date of Baptism: _____
Church of Baptism: _____
City/State of Church: _____
*If baptized at another parish, the Baptism certificate is
required to complete enrollment.*

NO

Was child Baptized in ANY Church? Yes No
Reason for delay of sacrament:

➤ Received First Communion? **No** **Yes: Name of Parish** _____

➤ Received Confirmation? **No** **Yes: Name of Parish** _____

● **Family Last Name** _____ Home Phone _____

Home Address _____ City/State/Zip Code _____

● **Father's Full Name** _____

● **Mother's Full Name (Include the Maiden Name)** _____

● **Marital Status of Parents:** **Married** **Separated** **Divorced** **Never Married**

If currently married, were you married in the Catholic Church? **YES** **NO**

If divorced, separated, or single, who has custody of children? **Mother** **Father** **Grandparent** **Other:** _____

● **COMMUNICATION INFORMATION:**

Custodial Parent speaks: **ENGLISH** **SPANISH** **BILINGUAL**

Email Address(es): **Mother** _____ **Father** _____

May we send Text Messages to Phone? **Mother's cell** _____ **Carrier Name** _____

Father's cell _____ **Carrier Name** _____

Does the custodial parent work on Sundays? **No** **Yes** **Work Telephone in case of emergency** _____

Office Use Only:

Name(s) of Siblings Enrolled _____

Verified Parish Enrollment _____ **Baptized at St. Mary's** _____ **Need BAPT certificate** _____

Tuition Total: \$ _____ **Amount Paid: \$** _____ **Late Payment Fee?** _____