

Immaculate Heart of Mary Parish Children's Faith Formation Program Registration Year 2019-2020

Fill out completely for all students

Student's Name _____
(First) (Last)

Student's Address _____ Zip _____ Apt. # _____ Floor _____
Date of Birth _____

Send Mail to: _____ Apt. # _____
Zip Code _____

Home Phone # _____ Cell # _____ Work # _____

E-mail address _____

Public School _____ Grade in Sept. _____

Father _____ Living Religion _____
(Last Name) (First Name)

Mother _____ Living Religion _____
(Maiden Name) (First Name)

Guardian _____ Living Religion _____
(Last Name) (First Name)

If there are any custody issues we should know about please indicate. _____

We are registered in: Name of Church _____

We worship in: Name of Church _____

May child will receive Sacraments in: Name of Church _____

Does your child have any medical problems we should be aware of? _____

Is your child on any medication? NO If Yes Please List _____

Does your child have an IEP? NO YES If YES please list any accommodation which should be made. _____

In case of emergency a parent will always be called first. Please list another contact for us to notify in the event we cannot reach you.

Name _____ Relationship _____ Phone # _____

For New Students Only

Church of Baptism _____ Date _____

Full Address of Church _____

Has your child received Reconciliation and Eucharist? Yes Date _____ No

Name of Church _____

Full Address of Church _____

For office use only

For transfer students

Name of Church of Faith Formation Program or Catholic School Attended: _____
Year attended: _____

Address _____ Grade Completed _____

Tuition _____ Date Paid _____ Cash _____ Check # _____ Balance Due _____

Faith Formation Group _____ Room _____ Baptism Certificate attached Yes NO