

Immaculate Conception-St. Joseph
Parish Religious Education Program
Individual Student Registration for 2010-2011

Child's Name:						
Last		First			Middle	
Child's Address:	Street:					
City:		State:			Zip:	
Home Phone Number:						
School:					Grade:	
Date of Birth:			Place of Birth:			
Cell Phone:						
E-Mail :						
Student Lives With: Circle One	Both Parents	Father	Mother	Stepmother	Stepfather	Other: Relationship:
Sacramental Preparation: Please check (✓) all sacraments your child has received:						
Baptism	First Reconciliation	First Communion		Confirmation		
Sacraments Received:						
Sacrament		Date			Church	
Baptism						
Reconciliation						
First Communion						
Confirmation						
Previous Religious Education Completed: Circle all that apply: Pre-K 3, Pre-K 4, Kindergarten, 1 2 3 4 5 6 7						
Parent/Guardian Information (If parent/guardian address and telephone number are the same as student please indicate.)						
Father's Name:				Religion:		
Street Address:		City:		State:	Zipcode:	
Cell phone:			E-mail:			
Home phone:						
Mother's Name:				Religion:		
Street Address:		City:		State:	Zipcode:	
Cell phone:			E-mail:			
Home phone:						
Parent / Guardian signature:						
						Date:

