

REGISTRATION FOR RELIGIOUS EDUCATION

Immaculate Heart of Mary Parish

Date \_\_\_\_\_ \$25 registration fee per family Paid \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Sacraments your child has celebrated: First Penance Yes No

First Eucharist Yes No Confirmation Yes No

Grade in School \_\_\_\_\_ Grade in Religious Education \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Any medication or medical history to help us assist your child in this class?

\_\_\_\_\_

Parent/People designated to pick up your child \_\_\_\_\_

Emergency contact name and phone # \_\_\_\_\_

PLEASE CHECK THE INFORMATION ABOVE. MAKE CHANGES NEXT TO ANYTHING THAT HAS CHANGED. COMPLETE ANY MISSING INFORMATION. MAIL THIS FORM ALONG WITH THE \$25 REGISTRATION FEE PER FAMILY TO IHM PARISH OFFICE, P O BOX 307, DUSHORE, PA 18614.

MAKE CHECKS PAYABLE TO "IMMACULATE HEART OF MARY PARISH."

Parent Guardian Signature \_\_\_\_\_