Immaculate Heart of Mary Faith Formation Registration 2025-2026

Confirmation

PLEASE PRINT

SUNDAY 8:45 - 9:45am

CHILD'S INFORM ATION:					
Name: First:	Last:	Middle:	Age:	Sex: M/F	
Date of Birth:		City, State/Country of Birth			
Grade in School:		School Attending	n·		
Grade in Genool.		Oonoon / Mending	9.		
Parish of Baptism:		Date of Baptism:			
Please note: A copy of the E					
Parent/ Guardian Information: Full Name		Relationship to Child :		Religion :	
Phone number:		Email Address:			
Parent/ Guardian Information: Full Name		Relationship to Child:		Religion :	
Phone number:		Email Address:			
Primary Mailing Address:		City		State/Zip Code	
Mother's Maiden Name:					
Does your child have any allergies	s or any special needs \	we need to be aware of? I	f yes, please explain	below	
Cost is \$50 for one stu	dent. \$90 for two	o, and \$100 for thre	ee		
		, , 			
Total:	Check#	Cash	Certificate Re	Certificate Received:	