

**IMMACULATE CONCEPTION
RELIGIOUS EDUCATION
Family/Guardian Information**

Family Name _____

Address _____ City _____ Zip Code _____

Home Phone _____

Note: If you move or change your telephone number please contact me ASAP to update information!

Father's Name _____ Mother's Name (include Maiden Name) _____

Father Cell Phone _____ Mother Cell Phone _____

Father E-mail _____ Mother E-mail _____

Marital Status (circle one)

Father				Mother		
married	separated	divorced		married	separated	divorced
single	remarried	deceased		single	remarried	deceased

Preferred method of contact: (circle one) home phone cell phone text e-mail

Emergency Contact (other than Parent)

Name _____ Phone Number _____ Relationship _____

Persons authorized to pick up my child from religious Education Classes

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Religious Education Fees

Gr. K - 10: \$40.00 one child \$60.00 two children \$75.00 three or more children

Confirmation Class \$45.00 First Communion/First Reconciliation \$45.00

Grade K-6 Classes are on Sunday morning from 8:45AM-9:45AM Grade 7-11 Classes are on Sunday 11:15AM-12:15PM

All classes are in the Fr. Connors Center

PLEASE NOTE: IF YOUR CHILD WAS NOT BAPTIZED HERE AT IMMACULATE CONCEPTION, PLEASE BE SURE TO SEND IN A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE (if you have not already done so). If you send in the original copy it will be returned to you promptly.

Your family must be registered with the parish in order for your child to be enrolled in our religious education classes. If you are unsure if you are registered in this parish, please call the rectory at 508-754-8419. Thank you.

ATTENTION PARENTS OR HIGH SCHOOL STUDENTS: If you have one hour a week to share your faith with the children of the parish please consider teaching or co-teaching a class! This program would be unsuccessful if it weren't for the volunteers that teach the children our faith each week.

____ YES I am interested in finding out more information about teaching or co-teaching a class.

Name: _____ Phone Number _____

(youngest to oldest)

First Student's Information

Name _____ Sex _____ Any ALLERGIES _____

Grade _____ School _____

Email for gr. 7 and up _____

Birth date ____/____/____ Birth City & State _____

Baptism: No ___ Yes ___ Date ____/____/____ at what church _____

Address of church _____

First Communion: No ___ Yes ___ Date ____/____/____ Church _____

Reconciliation No ___ Yes ___ Date ____/____/____ Church _____

Confirmation No ___ Yes ___ Date ____/____/____ Church _____

Second Student's Information

Name _____ Sex _____ Any ALLERGIES _____

Grade _____ School _____

Email for gr. 7 and up _____

Birth date ____/____/____ Birth City & State _____

Baptism: No ___ Yes ___ Date ____/____/____ at what church _____

Address of church _____

First Communion: No ___ Yes ___ Date ____/____/____ Church _____

Reconciliation No ___ Yes ___ Date ____/____/____ Church _____

Confirmation No ___ Yes ___ Date ____/____/____ Church _____

Third Student's Information

Name _____ Sex _____ Any ALLERGIES _____

Grade _____ School _____

Email for gr. 7 and up _____

Birth date ____/____/____ Birth City & State _____

Baptism: No ___ Yes ___ Date ____/____/____ at what church _____

Address of church _____

First Communion: No ___ Yes ___ Date ____/____/____ Church _____

Reconciliation No ___ Yes ___ Date ____/____/____ Church _____

Confirmation No ___ Yes ___ Date ____/____/____ Church _____

Fourth Student's Information

Name _____ Sex _____ Any ALLERGIES _____

Grade _____ School _____

Email for gr. 7 and up _____

Birth date ____/____/____ Birth City & State _____

Baptism: No ____ Yes ____ Date ____/____/____ at what church _____

Address of church _____

First Communion: No ____ Yes ____ Date ____/____/____ Church _____

Reconciliation No ____ Yes ____ Date ____/____/____ Church _____

Confirmation No ____ Yes ____ Date ____/____/____ Church _____

Fifth Student's Information

Name _____ Sex _____ Any ALLERGIES _____

Grade _____ School _____

Email for gr. 7 and up _____

Birth date ____/____/____ Birth City & State _____

Baptism: No ____ Yes ____ Date ____/____/____ at what church _____

Address of church _____

First Communion: No ____ Yes ____ Date ____/____/____ Church _____

Reconciliation No ____ Yes ____ Date ____/____/____ Church _____

Confirmation No ____ Yes ____ Date ____/____/____ Church _____

Sixth Student's Information

Name _____ Sex _____ Any ALLERGIES _____

Grade _____ School _____

Email for gr. 7 and up _____

Birth date ____/____/____ Birth City & State _____

Baptism: No ____ Yes ____ Date ____/____/____ at what church _____

Address of church _____

First Communion: No ____ Yes ____ Date ____/____/____ Church _____

Reconciliation No ____ Yes ____ Date ____/____/____ Church _____

Confirmation No ____ Yes ____ Date ____/____/____ Church _____