IMMACULATE HEART OF MARY SCHOOL OF RELIGION

NEW REGISTRATION INFORMATION

DATE:_____ Parishioner:_____

CHILD'S NAME: _____ PHONE: H _____

(Last) (First) (Middle) C _____

EMAIL _____

ADDRESS:_____ _____ _____

(Street) (Town) (zip)

DATE OF BIRTH: _____ PLACE:_____ AGE:_____

SCHOOL ATTENDING: _____ GRADE IN SEPT.: _____

ADDITIONAL INFORMATION: _____

_____

FATHER'S NAME: _____ RELIGION:_____ PROFESSION:_____

MOTHER'S NAME _____ RELIGION: _____PROFESSION:_____

MOTHER'S MAIDEN NAME: _____ MARITAL STATUS: _____

_____**Please be sure to include any Baptism certificates when you come to register.**_____

DO NOT FILL BELOW

SACRAMENTS	CHURCH	ADDRESS	DATE
BAPTISM	_____	_____ (street) _____ (city, state, zip)	_____
EUCHARIST	_____	_____ (city, state, zip)	_____
RECONCILIATION	_____	_____ (city, state, zip)	_____

Number of children registered _____ Total due:_ _____

Check #_____ Amount Pd. _____

Balance _____