

Immaculate Heart of Mary Catholic Church

2020-2021 Religious Education Registration Form

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& Youth Ministry

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Classes Begin: September through April for all Students Pre-Kinder to High School
NO IN-PERSON CLASSES / ALL HOME-BASED CATECHESIS

Father's Name: _____ Mother's Name: _____

Circle One Please: Married Divorced Separated Other

Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Parents Email Address: _____

1.) Child's Full Name: _____

DOB: _____ Grade: _____

Has child received Baptism? Where? _____

Has child received 1st Communion? Where? _____

Has child received Confirmation? Where? _____

Did child attend last year? _____ *We will need a letter if child attended classes at a different parish.*

Special Needs/Allergies/Medical Condition: _____

2.) Child's Full Name: _____

DOB: _____ Grade: _____

Has child received Baptism? Where? _____

Has child received 1st Communion? Where? _____

Has child received Confirmation? Where? _____

Did child attend last year? _____ *We will need a letter if child attended classes at a different parish.*

Special Needs/Allergies/Medical Condition: _____

3.) Child's Full Name: _____

DOB: _____ Grade: _____

Has child received Baptism? Where? _____

Has child received 1st Communion? Where? _____

Has child received Confirmation? Where? _____

Did child attend last year? _____ *We will need a letter if child attended classes at a different parish.*

Special Needs/Allergies/Medical Condition: _____

4.) Child's Full Name: _____

DOB: _____ Grade: _____

Has child received Baptism? Where? _____

Has child received 1st Communion? Where? _____

Has child received Confirmation? Where? _____

Did child attend last year? _____ *We will need a letter if child attended classes at a different parish.*

Special Needs/Allergies/Medical Condition: _____

5.) Child's Full Name: _____

DOB: _____ Grade: _____

Has child received Baptism? Where? _____

Has child received 1st Communion? Where? _____

Has child received Confirmation? Where? _____

Did child attend last year? _____ *We will need a letter if child attended classes at a different parish.*

Special Needs/Allergies/Medical Condition: _____

PARENTS: BELOW ARE REGISTRATION FEES, PLEASE BE PREPARED TO PAY AT PACKET PICK UP DATE. IF YOU HAVE ANY ISSUES OR CONCERNS, SPEAK TO JOANN DIRECTLY FOR PAYMENT PLAN.

For Office Use Only:	
Date Registration form was received: _____	
Amount Paid: \$ _____	Amount Paid: \$ _____
Date: _____	Date: _____
Registration Fees (for supplies, etc.): \$35.00 (1) / \$60 (2) / \$85 (3)	
First Communion Program: \$20 additional per student Confirmation Program: \$20 additional per student	