

IMMACULATE CONCEPTION CHURCH
2018/2019 RELIGIOUS EDUCATION REGISTRATION
FAMILY INFORMATION

PLEASE CLEARLY PRINT ALL INFORMATION

Parent 1 First Name: _____ **Last Name:** _____

Parent 2 First Name: _____ **Last Name (if different):** _____

Returning RE Family? Yes _____ No _____

Please use prior registration information for this year: _____ **OR**

Please use new information below:

Home Address (#, Street, Town, Zip): _____

Home Address #2 (if different from above): _____

Preferred Phone #: _____ **2nd Phone #:** _____

Email address: _____

Guardian (*student lives with other than parents*): _____

Address: (#, Street, Town, Zip): _____

Mail: Who should receive mail/email regarding Religious Education? (*Circle all that apply*):

Father Mother Guardian

Emergency Contact (*If parent/guardian cannot be reached during class time*):

Name: _____ **Phone:** _____

I would like to volunteer:

Teacher - day/grade: _____

Class Substitute (day/grade): _____