

**IMMACULATE CONCEPTION CHURCH
2018/2019 RELIGIOUS EDUCATION REGISTRATION
STUDENT INFORMATION - 1 FORM PER STUDENT**

**In order to register for RE,
your family must be
registered members of
Immaculate Conception
before registering for
classes.**

PLEASE CLEARLY PRINT ALL INFORMATION

Child's Name: _____ Age: _____ Gender: M _____ F _____
(last name, first name)

Birth Date (mo/day/year): _____ Grade (this Fall): _____ School: _____

I grant permission for Immaculate Conception Parish to display photos/images of my child in the Church, bulletin, and/or parish website. My child's name will never be posted with his/her photo/image.

(Parent/Guardian Signature) _____ *(Date)* Returning RE Student? Yes _____ No _____

CLASS SELECTION

RELIGIOUS EDUCATION CLASSES AVAILABLE FOR KINDERGARTEN THROUGH 6TH GRADE. CLASSES ARE EVERY OTHER WEEK.

• **Please select Session:**

Wednesday Classes (4:15—6:00p.m.) _____ Sunday Classes (8:00—9:45 a.m.) _____

• **I am registering my child for the following grade (grade entering this Fall):**

Kindergarten _____ **First Grade** _____ **Second Grade** _____
Third Grade _____ **Fourth Grade** _____ **Fifth Grade** _____
Sixth Grade _____

Concerns, Issues or Special Needs for my child: _____