

REGISTRATION FORM

PARISH: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE #: _____ CITY _____ STATE _____ ZIP _____
WORK/CELL PHONE #: _____

E-MAIL: _____

In case of emergency contact: _____

Phone #: _____

<u>Child(ren) Name</u>	<u>Birth Date</u>	<u>Grade/School</u>	<u>Baptized</u>	<u>First Communion</u>	<u>Confirmed</u>
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Please list any concerns/special needs your child(ren) has that we should be aware of:

I will volunteer for the following:

_____ Catechist (teacher) – grade/age preference _____

_____ Substitute Teacher – grade/age preference _____

_____ Classroom helper – assist catechist w/activities, projects, etc

_____ Help plan/organize intergenerational activities/large group activities

_____ Provide/serve refreshments

Immaculate Conception Religious Education Handbook

This is to acknowledge that I have received and review a copy of the Immaculate Conception Religious Education handbook.

Signature

date