INFANT JESUS OF PRAGUE CATHOLIC CHURCH

Office of Religious Education

2009 – 2010 *New* STUDENT REGISTRATION for RELIGIOUS EDUCATION (Grades 1-8)

(Please complete entire form on both sides)

Date: _____

Student's Name: _____ "Nick Name": _____
LAST FIRST For example: Matt for Matthew

Family Name (if different): _____ Phone: ( ) _____

Female/Male: _____ Birth Date: _____ Birthplace: _____

Address: _____
(Street Number and Street/City/State/Zip)

School Attending: _____ Grade Level: _____

_____
(School Address)

Mother's Name: _____
LAST FIRST MAIDEN

Address: _____
(If different from participant)

Religion: _____

Home Phone: ( ) _____

Work Phone: ( ) _____

Cell Phone: ( ) _____

Parent e-mail: _____
(Used for reminders of special events)

Father's Name: _____
LAST FIRST

Address: _____
(If different from participant)

Religion: _____

Home Phone: ( ) _____

Work Phone: ( ) _____

Cell Phone: ( ) _____

Emergency Contact: _____
(name & phone)

Legal Guardian Information: **(If parents are separated, divorced, or deceased and this child lives with someone other than the natural parents, please record.)**

Name: _____

(Please turn form over to complete)

Siblings of student: _____ **M/F** **Grade Level:** _____
Last Name **First Name**

_____ **M/F** **Grade Level:** _____
Last Name **First Name**

_____ **M/F** **Grade Level:** _____
Last Name **First Name**

_____ **M/F** **Grade Level:** _____
Last Name **First Name**

(Please check one)

Non Parishioners: _____ **Registered Parishioners:** _____ **Parish Number:** _____

STUDENT SACRAMENTAL INFORMATION

Baptism: _____ **Parish:** _____ **Address:** _____
(DATE) **(CITY/STATE/ZIP)**

Copy of Certificate of Baptism must be on file in Office of Religious Education: _____ **(CHECK)**
(If student was *not* Baptized at Infant Jesus of Prague Parish, please provide copy)

First Reconciliation: _____ **Parish:** _____ **Address:** _____
(DATE) **(CITY/STATE/ZIP)**

First Eucharist: _____ **Parish:** _____ **Address:** _____
(DATE) **(CITY/STATE/ZIP)**

Confirmation: _____ **Parish:** _____ **Address:** _____
(DATE) **(CITY/STATE/ZIP)**

PRIOR RELIGIOUS EDUCATION RECORD

_____ **None**

_____ **Parish School**

_____ **IJP Parish Religious Education Program**

_____ **Home Catechesis**

_____ **Transfer received from:**

_____
(PARISH OR SCHOOL NAME)

_____
(STREET ADDRESS)

_____
(CITY/STATE/ZIP)