

INFANT JESUS OF PRAGUE CATHOLIC CHURCH

Office of Religious Education
(Please complete form on both sides)

2005 – 2006 SUNDAY BIBLE SCHOOL REGISTRATION

For Preschool - 3 yr old or Preschool - 4 yr old or Kindergarten - 5 yr old (Please circle one)

Date: _____

Student's Name: _____
LAST FIRST "Nick Name": _____
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: _____ Child's Age: _____
_____ Grade Level: _____
(School Address)

Mother's Name: _____
LAST FIRST MAIDEN Father's Name: _____
LAST FIRST

Address: _____
(If different from participant) Address: _____
(If different from participant)

Religion: _____ Religion: _____

Home Phone: () _____ Home Phone: () _____

Work Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

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

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

Name: _____

Siblings of student:

_____	_____	_____
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	M/F Grade Level:

Non Parishioners: _____ **Registered Parishioners:** _____ **Parish Number:** _____
(Please check one)

STUDENT SACRAMENTAL INFORMATION

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

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)

TUITION RATE FOR IJP PARISHIONERS

ONE CHILD	\$70.00
TWO CHILDREN	\$100.00

