

INFANT JESUS OF PRAGUE CATHOLIC CHURCH
2019-2020 STUDENT REGISTRATION for RELIGIOUS EDUCATION
Grades 1-8 Wednesdays 5:00 – 6:00 p.m.

Date: _____

Student's Name: _____
LAST FIRST

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

Female/Male: _____ Child Birth Date: _____

Address: _____
(STREET NUMBER AND STREET/CITY/STATE/ZIP)

School Attending: _____ Grade Level: _____

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

Religion: _____ Religion: _____

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

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

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

Parent e-mail: _____

Emergency Contact: _____
(NAME & PHONE)

STUDENT SACRAMENTAL INFORMATION

Baptism: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(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:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

First Eucharist: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

Confirmation: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

PRIOR RELIGIOUS EDUCATION RECORD

_____ None	_____ Transfer received from:
_____ Parish School	_____ (PARISH OR SCHOOL NAME)
_____ IJP Parish Religious Education Program	_____ (STREET ADDRESS)
_____ Home Catechesis	_____ (CITY/STATE/ZIP)