

# Church of the Immaculate Conception

1 Munn Street / Montclair, New Jersey 07042 / 973-744-5650 / Fax 973-744-7936

## Religious Education (CCD) Registration

### PARENT OR LEGAL GUARDIAN INFORMATION

Father \_\_\_\_\_ Mother \_\_\_\_\_  
First Last First Last

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Child's last name if different \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

**PLEASE LIST THE NAMES OF ALL CHILDREN BEING REGISTERED FOR THE 2010-2011 CATECHETICAL YEAR.**

First Name	Grade	M/F	Church and Date of Baptism	1 <sup>st</sup> Penance Y/N	1 <sup>st</sup> Communion Y/N	Confirmation Y/N

New registrations must bring a copy of Child's Baptismal certificate if not baptized here at Immaculate Conception. Is there any information we need to know about your child? (allergies, special learning needs, medications for asthma, etc.) \_\_\_\_\_

My signature gives permission for medical assistance, if necessary. \_\_\_\_\_  
Parent/Guardian Signature here.

Are you a registered parishioner? \_\_\_\_\_

**TIME AND TALENT** (Please check one). I would like to support the Religious Education Program by:

\_\_\_\_\_ **Classroom Catechist**

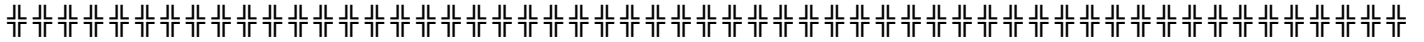
\_\_\_\_\_ **Class Parent**

\_\_\_\_\_ **Classroom Assistant**

\_\_\_\_\_ **Planning Committee for  
2<sup>nd</sup> Grade Retreat**

\_\_\_\_\_ **Substitute Teacher**

\_\_\_\_\_ **Planning Committee for  
Confirmation**



**FOR OFFICE USE ONLY**

**# Registered** \_\_\_\_\_

**Payment Type:**

**Cash** \_\_\_\_\_

**Amount Enclosed** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Date:** \_\_\_\_\_