



**Church of the Immaculate Conception**

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

Family Name: \_\_\_\_\_

**Registered Parishoners**

- Yes, envelope # \_\_\_\_\_
- No, please start the registration process.

**Religious Education Registration**  
**New Student**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
First Last First Maiden Last

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

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

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List the names of children being registered for the 2011-2012 catechetical year **who have NOT attended Catechesis at Immaculate Conception**. Please fill out a RETURNING STUDENT form if they have been previously registered at Immaculate Conception.

Child's Name (First & Last)	School ('11/'12)	Grade ('11/'12)	M/F	Baptism Church & Date (*see note below)	Reconciliation (Y/N)	First Communion (Y/N)	Choose one **	
							Sunday Classroom Program	Family Based Program

*Please include any additional children on the reverse side of this form.*

\*If the child was not baptized at Immaculate Conception, please submit a copy of his/her Baptismal Certificate ASAP.

\*\* Please see Program Handbook for information regarding these programs.

PLEASE NOTE: Families who would like their child(ren) to prepare for Reconciliation, First Communion, and/or Confirmation, must ALSO complete a Sacrament Preparation Registration form.

**(OVER)**

Is there any special information we should be aware of (e.g. allergies, medical conditions, or learning differences, etc.)?  Yes  No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Signatures required:**

My signature gives permission for medical assistance, if necessary. X \_\_\_\_\_

I have read and agree to comply with the Religious Education Handbook. X \_\_\_\_\_

- |   |         |
|---|---------|
| <input type="checkbox"/> I give my child(ren) permission to be dismissed from the school doors. | X _____ |
| <input type="checkbox"/> I will pick up my child(ren) from their classroom.                     | _____   |

All information is complete and accurate. (name) X \_\_\_\_\_ (date) \_\_\_\_\_

+++++ OFFICE USE ONLY +++++

# Registered: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Cash  or Check # \_\_\_\_\_ Date: \_\_\_\_\_

