



Church of the
Immaculate Conception

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

Child's Name: _____

Date: _____

**Sacrament Preparation Enrollment
for School-Aged Children**

(Revised 6.23.11)

Is your family registered as parishioners of Immaculate Conception?

- Yes
- No

Which sacrament(s) would you like your child to prepare for?

(please check)

- First Reconciliation
- First Communion
- Confirmation (*Family Interview completed?* ___ Date_____ Staff member_____)
- Baptism

What is your child's Religious Education history?

(please check)

- During the previous year, my child attended Immaculate Conception Religious Education Program.
- During the previous year, my child attended Catholic School at _____.
- During the previous year, my child attended the parish Religious Education Program at _____.
- My child did not participate in Religious Education last year. I would like to discuss his/her sacrament preparation with a parish staff member.

What best describes your family's Sunday worship?

(please check)

- We attend Mass every Sunday.
- We usually attend Mass every Sunday.
- We attend Sunday Mass occasionally.
- We rarely attend Sunday Mass.
- We attend Mass only on major feasts such as Christmas and Easter.

Child's Name _____ Child's Age _____ Child's Grade _____

Parent/Guardian Name _____

Mailing Address _____

Daytime Phone # _____ Email Address _____