

# IMMACULATE CONCEPTION CATHOLIC CHURCH

## RELIGIOUS EDUCATION REGISTRATION

If attending Immaculate Conception, but not registered with the parish, please complete the Parish Registration Form that can be obtained in the narthex of the church, the parish office or on the webpage

**Please Print** School Year: \_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_ Optional Donation Amount \$ \_\_\_\_\_

Father/Guardian's Full Name: \_\_\_\_\_  
Last Name First Name

Mother/Guardian's Full Name: \_\_\_\_\_  
Last Name First Name

Mother's maiden name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Her Cell: \_\_\_\_\_ His Cell: \_\_\_\_\_

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

Emergency Contact if above cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

**List ALL children you are enrolling in Religious Education Program**

**Check Sacraments Received**

First Name	Last Name (if different)	Grade	Birthday	Baptism	Eucharist	Confirmation	Allergy/Special Needs

\_\_\_\_\_ My Child/Children were enrolled in religious education classes last year at Immaculate Conception

\_\_\_\_\_ My Child/Children were enrolled last year at \_\_\_\_\_ Parish

\_\_\_\_\_ My Child/Children were not enrolled in religious education classes last year

**If child is preparing for First Communion or Confirmation, please complete back of this form.**

**Office use Only**

ID #: \_\_\_\_\_

Optional Donation: \$ \_\_\_\_\_

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

Check #: \_\_\_\_\_

Added to Formation: \_\_\_\_\_

## Please Complete for Each Child Preparing for First Communion or Confirmation

(If baptized at Immaculate Conception, only the child's name, church name, and date of baptism need to be completed)

Baptism Name: \_\_\_\_\_  
First Middle Last

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Name

Church Address: \_\_\_\_\_  
City State

Father's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Last

Mother's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Maiden

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Baptism Name: \_\_\_\_\_  
First Middle Last

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Name

Church Address: \_\_\_\_\_  
City State

Father's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Last

Mother's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Maiden

**If NOT baptized at Immaculate Conception in Clarksville TN, please attach copy of Baptism Certificate**