

Registration Date: _____ New ____ Returning ____

Child's Name _____ School Grade: _____ & Religion Level: _____
DOB _____
DOB _____
DOB _____

Parent's Name:

Father _____

Mother' maiden name _____

Address:

Phone Number: _____

Email: _____

Emergency Contact Person and Number:

Baptismal Certificate must be submitted: Yes [] All New Registrations

If Not at Registration, Please Present a Copy to the Office Immediately.

Date of Baptism: _____ ***Where:*** _____

Have you attended Religious Instruction elsewhere? Yes [] No []

If Yes, Please Attach a Letter of from former place of Instruction.

Parish Envelope Number: _____

If not registered in the Parish, please take a Card and Register.

CASH _____ **CHECK #** _____ **NO PAYMENT** _____ **Date:** _____
Individual - Family

Office Use Only: **1 Child – \$100** **Family \$150** **\$** _____

PLEASE CIRCLE WHICH APPLIES.

Paid _____ **Signature** _____ **Date** _____

Thank You and we look forward to working with you this year at Incarnation Religious Education. If you need us we are always available at the Rectory (718) 465 8534 ext23.