

INFANT JESUS OF PRAGUE CATHOLIC CHURCH

Office of Religious Education

2016-2017 New STUDENT REGISTRATION for RELIGIOUS EDUCATION (Grades 1-8)

(Please complete entire form on both sides)

Date: _____

Student's Name: _____ "Nick Name": _____
LAST FIRST For example: Matt for Matthew

Family Name (if different): _____ Phone: () _____

Female/Male: _____ Birth Date: _____ Birthplace: _____

Address: _____
(Street Number and Street/City/State/Zip)

School Attending: _____ Grade Level: _____

Mother's Name: _____ Father's Name: _____
LAST FIRST MAIDEN LAST FIRST

Address: _____
(If different from participant)

Address: _____
(If different from participant)

Religion: _____

Religion: _____

Home Phone: () _____

Home Phone: () _____

Work Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Parent e-mail: _____
(Used for reminders of special events)

Emergency Contact: _____
(name & phone)

Legal Guardian Information: (If parents are separated, divorced, or deceased and this child lives with someone other than the natural parents, please record.)

Name: _____

(Please turn form over to complete)

Siblings of student: _____ **M/F** **Grade Level:** _____

	Last Name	First Name	
	Last Name	First Name	M/F Grade Level: _____
	Last Name	First Name	M/F Grade Level: _____
	Last Name	First Name	M/F Grade Level: _____

(Please check one)

Non Parishioners: _____ **Registered Parishioners:** _____ **Parish Number:** _____

STUDENT SACRAMENTAL INFORMATION

Baptism: _____ **Parish:** _____ **Address:** _____

(DATE) (CITY/STATE/ZIP)

Copy of Certificate of Baptism must be on file in Office of Religious Education: _____ (CHECK)

(If student was *not* Baptized at Infant Jesus of Prague Parish, please provide copy)

First Reconciliation: _____ **Parish:** _____ **Address:** _____

(DATE) (CITY/STATE/ZIP)

First Eucharist: _____ **Parish:** _____ **Address:** _____

(DATE) (CITY/STATE/ZIP)

Confirmation: _____ **Parish:** _____ **Address:** _____

(DATE) (CITY/STATE/ZIP)

PRIOR RELIGIOUS EDUCATION RECORD

<p>_____ None</p> <p>_____ Parish School</p> <p>_____ IJP Parish Religious Education Program</p> <p>_____ Home Catechesis</p>	<p>_____ Transfer received from:</p> <p style="text-align: center;">_____ (PARISH OR SCHOOL NAME)</p> <p style="text-align: center;">_____ (STREET ADDRESS)</p> <p style="text-align: center;">_____ (CITY/STATE/ZIP)</p>
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