

Immaculate Conception Religious Education Registration

Parish Address: 7046 E 400 S

Laotto, IN 46763 - 260-693-9578

PLEASE PRINT

Date: _____ Student's Grade: _____

Student's Full Legal Name: _____

Residential Address: _____

City _____ Zip Code: _____ Home Phone: _____

Student's Birthday: _____ Parent's Email Address: _____

Student lives with: Both parents _____ Mother _____ Father: _____ Other: _____

Baptism: Date _____ Church: _____ City, St., Zip _____

Communion: Date _____ Church _____ City, St., Zip _____

Confirmation: Date _____ Church _____ City, St., Zip _____

List all children in family beginning with the oldest

1. Name _____ Age _____ 4. Name _____ Age _____

2. Name _____ Age _____ 5. Name _____ Age _____

3. Name _____ Age _____ 6. Name _____ Age _____

Medical Alerts or Allergies: _____

In case of an emergency, notify:

Name: _____ Phone: _____

Please complete back side

Parents' Information

Mother:

First Name: _____ Last Name: _____

Maiden Name: _____ Religion: _____

Father:

First Name: _____ Last Name: _____

Religion: _____

Parents' Marital Status: _____ Married _____ Divorced* _____ Separated*
_____ Single _____ Remarried*

*COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED

Who will usually bring your child to Religious Education weekly? _____

Note: Third Grade and younger children must be dropped off and picked up at the building by a parent unless the parent notifies the DRE in writing of the change.

Name of Guardian with whom the child is living, if not listed above:

Name: _____ Relationship _____

Address: _____ Phone: _____

Please notify the DRE and Parish Office of all changes from the above information. We want to always have current information on your child for his or her safety.