

FALL/SPRING 2010-2011 REGISTRATION

Religious Education Email: IHMRELED@aol.com

SESSION: Please indicate first and second choices

_____ Sunday 8:45 – 10:15 AM

_____ Tuesday 4:00 – 5:30 PM

FEE: \$65.00 – One Child

\$95.00 – Two Children

\$115.00 – Three or more children

If you are registering your child/children for the first time:

And he/she was baptized at IHM please provide the date (or approximate date) of baptism. If your child/children were baptized at a church *other than IHM* you must provide a copy of their *Baptismal Certificate*.

You must also provide a copy of their Reconciliation Certificate and First Communion Certificate if they received these sacraments at a church other than IHM.

If your child/children attended Religious Ed classes prior to registering at IHM you must provide a letter/document from your prior parish verifying the Religious Ed grades they completed.

Volunteer Information

I would like to help in my child's religious education program:

_____ Catechist (CCD teacher)

_____ Substitute catechist

It is the policy of the Archdiocese of Newark that all volunteers who work with children must take "Protecting God's Children" workshop.

Have you taken the "Protecting God's Children" workshop? _____

Immaculate Heart of Mary Parish

Religious Education Registration

1571 S Martine Ave, Scotch Plains, NJ 07076

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above: _____

Email: _____

Home Address: _____

Both Parents Catholic? Y___ N___

| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|
|-------|-----------|-----|-------|---------|------|-------|

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|
|-------|-----------|-----|-------|---------|------|-------|

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

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|-------|-----------|-----|-------|---------|------|-------|
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|
|-------|-----------|-----|-------|---------|------|-------|

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____

Tuition Pd: \$ _____

Signature: _____

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