

Immaculate Conception Sunday Religious Education Registration Form

Parent Last Name: _____ Registered Member of IC Yes No
Father's Name: _____ Father's Religion: _____
Father's Phone#: _____ Father's Email: _____
Mother's Name: _____ Mother's Religion: _____
Mother's Maiden Name: _____ Married according to Church Laws? Yes No
Mother's Phone#: _____ Mother's Email: _____
Home Mailing Address: _____

1) Student's Name (First, Middle, Last): _____
Grade for 2025-2026: _____ Birthdate/Place: _____
School Name: _____ New to IC SRE? Yes No
Sacraments received (check all that apply): _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation
Note to teachers (special needs, allergies, etc.): _____

2) Student's Name (First, Middle, Last): _____
Grade for 2025-2026: _____ Birthdate/Place: _____
School Name: _____ New to IC SRE? Yes No
Sacraments received (check all that apply): _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation
Note to teachers (special needs, allergies, etc.): _____

3) Student's Name (First, Middle, Last): _____
Grade for 2025-2026: _____ Birthdate/Place: _____
School Name: _____ New to IC SRE? Yes No
Sacraments received (check all that apply): _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation
Note to teachers (special needs, allergies, etc.): _____

4) Student's Name (First, Middle, Last): _____
Grade for 2025-2026: _____ Birthdate/Place: _____
School Name: _____ New to IC SRE? Yes No
Sacraments received (check all that apply): _____ Baptism _____ Reconciliation _____ Eucharist _____ Confirmation
Note to teachers (special needs, allergies, etc.): _____

I would like to volunteer as a _____ Teacher _____ Assistant Teacher _____ Substitute Teacher

Notes for SRE Director and Teachers: