



REP

IMMACULATE CONCEPTION CHURCH

RELIGIOUS EDUCATION PROGRAM

2017-2018 ACADEMIC YEAR

FIRST HOLY COMMUNION MAY 4, 2018/CONFIRMATION JUNE 9, 2018

TUITION DUE \$ _____ SACR. FEE DUE \$ _____

Full Payment \$ _____ Check # _____

Installment #1: _____ Due: _____ Paid: _____

Installment #2: _____ Due: _____ Paid: _____

Installment #3: _____ Due: _____ Paid: _____

BASIC CONTACT INFORMATION

Last Name	Home Phone # Cell Phone #	Main Email Address (For R.E.P. Communications)	Are you a Registered Parishioner? (Please circle one) Y N	If Yes: Envelope Number
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STUDENT ENROLLMENT INFORMATION

(Please note child's last name if different from family name.)

Child 1 First/Last Name	Grade in REP	Date of Birth	Allergies (List Here – Please write "NA" if none)	Permission to Walk Home Alone (Please circle one)	
				YES	NO
Child 2 First/Last Name	Grade in REP	Date of Birth	Allergies		
				YES	NO
Child 3 First/Last Name	Grade in REP	Date of Birth	Allergies		
				YES	NO
Child 4 First/Last Name	Grade in REP	Date of Birth	Allergies		
				YES	NO
Child 5 First/Last Name	Grade in REP	Date of Birth	Allergies		
				YES	NO

STUDENT SCHOOL INFORMATION

Child 1	Child 2	Child 3	Child 4	Child 5
School Name	School Name	School Name	School Name	School Name
Does the student have any learning or other disabilities that require accomodation?	Does the student have any learning or other disabilities that require accomodation?	Does the student have any learning or other disabilities that require accomodation?	Does the student have any learning or other disabilities that require accomodation?	Does the student have any learning or other disabilities that require accomodation?

PARENTAL INFORMATION

Father's Name	Home Phone Number	Cell Phone Number	Business Phone Number	Email Address	Religion
Father's Street Address			City	State	Zip Code
Mother's First and Maiden Name	Home Phone Number	Cell Phone Number	Business Phone Number	Email Address	Religion
Mother's Street Address			City	State	Zip Code
Do student(s) live with both parents? (Circle one) YES NO	If no, do students have permission to go home with either parent? (Please explain)			How should correspondence be addressed?	
Parental Permission to be photographed? (May we take photos of your child/ren for the bulletin or REP newsletter?) YES NO	Is there any information concerning pick up or dismissal, or any safety concerns, which you would like to share?				

EMERGENCY CONTACT INFORMATION

Emergency Contact 1	Home Phone Number	Cell Phone Number	Relation to Child
Emergency Contact 2	Home Phone Number	Cell Phone Number	Relation to Child
Emergency Contact 3	Home Phone Number	Cell Phone Number	Relation to Child
Physician to Call for Emergency	Office Number	Address	

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is not possible to contact this physician, the CRE representative or assistant may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated on this form.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____