



INCARNATE WORD RELIGIOUS EDUCATION OFFICE
Registration Form
for Catholic Private School Student
for the purposes of Sacramental Preparation
2017 - 2018

Student Name _____ Date of Birth ____ / ____ / ____
First Last

Address _____
Street City & Zip Code

Full Time School 2017-2018 _____ Grade ____ Sex ____

Has your child previously attended religious education classes?

Yes _____ No _____ How many years of instruction? _____

Where? _____

FAMILY DATA

Father _____ Mother _____
Last First Maiden First

Religion _____ Religion _____

Occupation _____ Occupation _____

Status _____ Status _____
(Married, Separated, Divorced, Remarried, Widowed)

Father's Work Phone (____) _____ Father's Cell (____) _____

Father's E-mail Address _____

Mother's Work Phone (____) _____ Mother's Cell (____) _____

Mother's E-Mail Address _____

Is your family registered in Incarnate Word Parish? _____ Yes _____ No

If no, where are you registered? _____

Do you have a letter from the pastor of that parish delegating responsibility for the student's sacramental preparation to Incarnate Word? _____ Yes _____ No

If yes, please attach.

STUDENT SACRAMENTAL INFORMATION

Baptism

Yes _____ No _____

Date ____/____/____

Church _____

Address _____
Street *City & Zip Code*

**PLEASE PRESENT COPY OF BAPTISMAL
CERTIFICATE WITH REGISTRATION.**

First Communion

Yes _____ No _____

Date ____/____/____

Church _____

Address _____
Street *City & Zip Code*

EMERGENCY INFORMATION

Date ____ / ____ / ____

In case of a serious accident or serious illness, I request the school contact me. I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make the appropriate arrangements for the care of my child.

Signature of parent or guardian

Physician's Name _____

Address _____

Office Phone _____ Home / Exchange _____

Hospital _____

Name two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name _____

Address _____ Phone (____) _____

Name _____

Address _____ Phone (____) _____

Does your child receive any Special Services at their school or after hours?

No _____ Yes _____ Explain below:

Please note that my child has special medical needs or is on these medications:
