

# Immaculate Heart of Mary

## Religious Education Office CRE REGISTRATION FORM (2018-2019)

**\*\* Please check all pre-filled information carefully and complete blank fields. \*\***

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

**As of 9/2018:** School: \_\_\_\_\_ School Grade: \_\_\_\_\_

Are you an IHM Parishioner? \_\_\_\_\_ If NO, list name & address of your Parish. \_\_\_\_\_

### Parent/Guardian Information-

Father: \_\_\_\_\_  
*First Last Cell Phone:*

\_\_\_\_\_ *Address - only if different from child's Occupation*

\_\_\_\_\_ *Religion*

Mother: \_\_\_\_\_  
*First Last Maiden Cell Phone*

\_\_\_\_\_ *Address - only if different from child's Occupation*

\_\_\_\_\_ *Religion*

Status (please indicate): \_\_\_\_\_ *M – (Married) S – (Separated) D – (Divorced) W – (Widowed) SP – (Single Parent)*

Child currently lives with: \_\_\_\_\_ *P – (Parents) F – (Father) M – (Mother) O – (Other: Please specify)*

Please indicate who can pick up your child/children: \_\_\_\_\_

Fee Due by July 20<sup>th</sup>: \$150 / 1 child \$225 / 2 children \$250 / 3 or more children

After July 20<sup>th</sup>: \$175 / 1 child \$250 / 2 children \$275 / 3 or more children

**PLEASE ATTACH FEE WHEN RETURNING THIS FORM - Make Checks Payable To: Immaculate Heart of Mary**

#### Office Use Only

Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Balance Due \_\_\_\_\_ Student Grade \_\_\_\_\_

Received By \_\_\_\_\_ DB updated \_\_\_\_\_ Student Room \_\_\_\_\_

**Please Review/Complete Both Sides of This Form**

If your child is a **RETURNING CRE Student**, please skip this section:

<u>Sacraments Rec'd</u>	<u>Date</u>	<u>Church</u>	<u>City</u>	<u>State</u>
Baptism*	_____	_____	_____	_____
<b>* If the student was baptized at a church OTHER than <u>Immaculate Heart of Mary</u>, please submit a copy of the student's Baptismal Certificate.</b>				
First Reconciliation	_____	_____	_____	_____
First Holy Communion	_____	_____	_____	_____

**Medical Information-**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Current medications **prescribed**: \_\_\_\_\_

Does your child carry an EpiPen? \_\_\_\_\_ If YES, does child know how to use? \_\_\_\_\_

Student is **allergic** to: \_\_\_\_\_

Please indicate student's serious medical/behavioral problems: \_\_\_\_\_

**Other-**

See page titled "**Hall/Classroom Monitor Information**":

- I do not mind sharing my contact information on the Parent Monitor Schedule.
- Please DO NOT list my contact information on the Parent Monitor Schedule.

See page titled "**Volunteer Opportunities**". I would like to volunteer for: \_\_\_\_\_

- 1 – Catechist
- 2 – Catechist Aide
- 3 – Sub-Catechist
- 4 – Sub-Catechist Aide
- 5 – Attendance Coordinator
- 6 – Safety Cone Coordinat
- 7 – Early Drop-Off Monitor
- 8 – Not at this time

**I affirm** that the information above is true and correct and may be shared with school personnel on a "need to know" basis. I have read and consent to the **Diocesan Rules & Procedures**.

X \_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**We look forward to seeing you on 9/18/2018, for the first night of classes and the parent meeting.**

Please contact the Religious Education Office if you have any questions: **Immaculate Heart of Mary, Religious Education Office, 1000 Shipley Road, Wilmington, Delaware 19803 at 302-762-5550 or ihmreled@ihm.org.**

***Please Review/Complete Both Sides of This Form***