

Immaculate Heart of Mary

Religious Education Office CRE REGISTRATION FORM (2017-2018)

**** 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 9/2016: School: _____ School Grade: _____ CRE Grade if different: _____

Are you an IHM Parishioner? _____ If NO, what is 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 17 th :	\$150 / 1 child	\$225 / 2 children	\$250 / 3 or more children
After July 17 th :	\$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

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: _____

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*	_____	_____	_____	_____
* If the student was baptized at a church other than Immaculate Heart of Mary, please submit a copy of the student's Baptismal Certificate.				
First Reconciliation	_____	_____	_____	_____
First Holy Communion	_____	_____	_____	_____

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

- I do not mind sharing my contact information on the 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 | 5 – Attendance Coordinator |
| 2 – Catechist Aide | 6 – Safety Cone Coordinator |
| 3 – Sub-Catechist | 7 – Early Drop-Off Monitor |
| 4 – Sub-Catechist Aide | 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 9/19/2017, 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