



Basilica of the Immaculate Conception

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www.waterburybasilica.org

RELIGIOUS EDUCATION REGISTRATION 2020-2021

My child will be joining (check one): in person virtually

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____

BIRTH DATE: _____ GRADE LEVEL AS OF 09/2020: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____ GENDER: M / F

EMAIL: _____

PARISH FAMILY ATTENDS:

PARISH NAME: _____

PARENT/ GUARDIAN CONTACT INFORMATION (1)*:

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

PARENT/ GUARDIAN CONTACT INFORMATION (2):

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

ADDITIONAL EMERGENCY CONTACT:

NAME: _____

PHONE: _____

RELATIONSHIP TO STUDENT: _____

IS STUDENT BAPTIZED: Y N

PARISH STUDENT WAS BAPTIZED IN: _____

ADDRESS: _____

Signature of Parent/Guardian

Date

*This contact information will be used for all business regarding Religious Education events.

Questions? Please contact our Director of Religious Ed, Amparo @
rel.ed@waterburybasilica.org or 203 850-5328