

Immaculate Conception Parish School

First Reconciliation and First Eucharist Registration

2007-2008

(This needs to be filled out in addition to the Purple Sacramental Registration Form)

Child's
Last Name: _____ First Name: _____ M/F

Address: _____

City: _____ Phone Number: _____

E-mail address: _____

Date of Birth: _____

School Attending in September: _____ Grade: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Parents Comments or medical information that would assist us in teaching your child.

PLEASE INCLUDE ANY ALLERGIES

Emergency phone number we can call while your child is in our care:

Name: _____ Phone number: _____

Relationship to child _____