IMMACULATE CONCEPTION CHURCH PARISH SCHOOL OF RELIGION (PSR)

New Registration Student's Name Middle Last First Family Name (if different): PSR grade this fall _____ Date of Birth Place of Birth _____ Sex ____ Age ____ Past year attended PSR in ______Church Parish and was enrolled in grade _____ ******************* Is your family registered in Immaculate Conception Parish? [] YES [] NO **BAPTISMAL CERTIFICATE REQUIRED** Date of Baptism ___/___/ Check here if not baptized yet _____ Church where baptized_____ City State First Reconciliation ___/___ Church & location _____ First Eucharist ___/___ Church & location _____ Does child attend Mass at ICC? [] YES [] NO ******************** Father's Name_____ Married ____ Divorced ____ Father's Work Phone_____ Cell Father's Religion ______ If Catholic, do you practice your faith? [] YES [] NO Maiden Name Married Divorced Mother's Name Cell Mother's Work Phone _____ Mother's Religion _____ If Catholic, do you practice your faith? [] YES [] NO Address Zip Home Phone _____ Email Address Emergency Name (Not Parent) Relationship Does student live with parent(s) [] YES [] NO If No, name and phone number with whom he/she Medical Information: Does student have an illness or allergy of which the office should be aware? [] YES [] NO (If yes, please identify and state action plan) Please list names and grade level (in the fall) of other children in program: