**IMMACULATE HEART OF MARY
 RELIGIOUS EDUCATION PROGRAM**

Immaculate Heart of Mary Phone: 215-483-4266

819 East Cathedral Road E-Mail: mking@iheartmary.org

Philadelphia, Pa. 19128 MaryAnne Kostic-King, Director

 **2018-2019 REGISTRATION**

**Deadline: Friday, June 8, 2018**

**Yearly Fee: $125.00 for one child $160.00 for two or more children**

**Please make checks payable to “IHM PARISH” (no registration form will be accepted w/o payment. New Registrations must have Baptism Certificate attached. If your child/children are already attending PREP we have their Certificates on file. We will not accept incomplete registrations.**

 **PLEASE PRINT ALL INFORMATION**

**STUDENTS LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE IN SCHOOL:\_\_\_\_\_\_SCHOOL CHILD IS ATTENDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you registered at IHM Parish? YES/NO (If no, what is your Parish?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREP GRADE LEVEL:\_\_\_\_\_ Are you new to IHM PREP?\_\_\_\_\_\_ If yes, you must attach a copy of your child’s Baptismal Certificate. Returning students, we have your certificate on file.**

**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_ SEX OF CHILD: Male/Female**

**PARENT’S HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S MAIDEN**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS ARE: Married Separated Divorced Single Remarried Deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child lives with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Responsible for child’s religious education:\_\_\_\_\_\_\_\_\_\_\_\_**

**If applicable: Step Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT:**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* IMPORTANT HEALTH AND EDUCATIONAL INFORMATION**

**Please list any health issues, learning challengers, or other issues that affect your child to help us provide a positive learning environment for your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any food allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NEW REGISTRATIONS**

**DATE OF BAPTISM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHURCH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF FIRST COMMUNION (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHURCH:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any PREP or Catholic School that your child has attended prior to 2017:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade(s):\_\_\_\_\_\_\_\_Year(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you and we look forward to helping your child/children on their spiritual journey in the Catholic faith.**