## IMMACULATE HEART OF MARY RELIGIOUS EDUCATION PROGRAM

Immaculate Heart of Mary Phone: 215-483-4266

819 East Cathedral Road E-Mail: <a href="mking@iheartmary.org">mking@iheartmary.org</a>

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:S	CHOOL CHILD IS ATTENDING:	
Are you registered at IHM Pa	arish? YES/NO (If no, what is you	ur Parish?
	re you new to IHM PREP?icate. Returning students, we have	
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:	BELIGION:

PARENTS ARE: Married Separated Divorced Single Remarried Deceased:				
Child lives with:	Responsible for child	's religious education:		
If applicable: Step Parent:	:or Guardi	ian:		
EMERGENCY CONTACT:				
NAME:		RELATIONSHIP:		
PHONE				
NUMBER:	ADDRESS:			
IMP	ORTANT HEALTH AND EDUCATI	IONAL INFORMATION		
Please list any health issue		er issues that affect your child to help		
Please list any health issue us provide a positive learn	es, learning challengers, or othe	er issues that affect your child to help :		
Please list any health issue us provide a positive learn	es, learning challengers, or othe ling environment for your child	er issues that affect your child to help :		
Please list any health issue us provide a positive learn	es, learning challengers, or othe ning environment for your child	er issues that affect your child to help:		
Please list any health issue us provide a positive learn  Please list any food allergi  DATE OF BAPTISM:	es, learning challengers, or other ning environment for your child es: NEW REGISTRATIONS CHURCH:	er issues that affect your child to help:		
Please list any health issue us provide a positive learn  Please list any food allergi  DATE OF BAPTISM:  DATE OF FIRST COMMUNI	es, learning challengers, or other ning environment for your child es: NEW REGISTRATIONS CHURCH:	er issues that affect your child to help :		

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