

Immaculate Conception Church

414 E. 14th St, New York, N.Y. 10009

(212) 254-0200

<http://immaculateconception-nyc.org/ccd>

Religious Education Program for Children / Academic Year 2016-2017

Name of Child: _____ Age: _____

School: _____ Grade: _____

Date of Birth: ____/____/____ Place of Birth: _____

Any health issues? _____

Sacramental History

Baptism Yes ___ No ___ Date: _____ Church: _____ City: _____

Penance Yes ___ No ___ Date: _____ Church: _____ City: _____

Communion Yes ___ No ___ Date: _____ Church: _____ City: _____

Confirmation Yes ___ No ___ Date: _____ Church: _____ City: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Home Address: _____

Main Phone: _____ Alternate Phone: _____

Email: _____

Are Parents Married in the Church? Yes ___ No ___ Is either Parent missing a Sacrament? Yes ___ No ___

Single Parent? Yes ___ No ___ *(If yes, please let us know privately if there are any custody issues.)*

If applicable:

Guardian: _____ Relationship: _____ Religion: _____

Other Children in our program Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Are you a registered parishioner of Immaculate Conception Yes ___ No ___

Children are encouraged to attend the 10:00 am Mass. Classes follow in the school from 11:00 am to 12:30pm.

Tuition is \$50.00 for one child and \$75.00 for two or more children and should be paid by September 30th.

Please provide a copy of the child's baptismal certificate.