



**IMMACULATE CONCEPTION CHURCH**  
**Alamogordo, NM**  
**RELIGIOUS EDUCATION REGISTRATION**

Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Cell. phone: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Custodial parent if different from above: \_\_\_\_\_

Both parents Catholic    Y    /    N

\_\_\_\_\_

Email address: \_\_\_\_\_

_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
Sex	Child's name	Date of Birth	Grade		

_____	_____	_____	_____
Baptism Date	Denomination if not Catholic	First Holy Communion date	Confirmation date

Special needs: (learning challenges, medical, physical, etc.) \_\_\_\_\_

_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
	Child's name	Date of Birth	Grade	Sex	

_____	_____	_____	_____
Baptism Date	Denomination if not Catholic	First Holy Communion date	Confirmation date

Special needs: (learning challenges, medical, physical, etc.) \_\_\_\_\_

**NOTE: A copy of Baptismal Certificate is needed for your child's (children's) file, please provide this copy in order to get your child(ren) registered.**

*During the school year, photos/videos may be taken for use in the parish bulletin, website, etc. I give my permission for my child to be photographed and videotaped for educational and parish purposes only.*

Signature \_\_\_\_\_