

**Maria Immacolata**  
**Religious Education Registration**  
246 Corporate Dr., Houma, Louisiana, LA 70360  
(985) 876-3313

Date: \_\_\_\_\_ \$30.00 Fee Check # \_\_\_\_\_

(Please Print)

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Select Grade: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_

(Date)

(Church)

(City/State)

Baptism: \_\_\_\_\_

(If your child was baptized at another Church, please provide us with a copy of the baptismal certificate.)

First Penance: \_\_\_\_\_

First Eucharist: \_\_\_\_\_

Medical Conditions/Food Allergies: \_\_\_\_\_

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

**Family Information**

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

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

(First)

(Maiden)

(Last)

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Telephone #)

(Name)

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

(All correspondence will be via email.)

Guardian, if different from above: \_\_\_\_\_

Guardian Address: \_\_\_\_\_

I agree to allow my child to participate in all CCD activities presented by Maria Immacolata Catholic Church including the DIOCESAN SAFE ENVIRONMENT PROGRAM on CIRCLE OF GRACE. All material is age appropriate.

\_\_\_\_\_  
Parent Signature