



Religious Education Registration
705 Delaware Ave
iccalamogordo@gmail.com

Religious Ed Building
711 New York Ave
iccreligioused@gmail.com

Please print legibly and fill out completely

FAMILY INFORMATION

Family Last Name: _____ Date of Registration: _____
Father's name: _____ Phone number: _____
Mother's name: _____ Phone number: _____
Emergency Contact: _____ Phone number: _____
Home address: _____

STUDENT INFORMATION

First Name: _____ Last Name: _____
Gender: ☐ Male ☐ Female **Sacraments Details: MUST provide copies**
Birth Date: _____ ☐ Baptism: _____
Grade in school: _____ ☐ First Holy Communion: _____
☐ Confirmation: _____

Special needs (Medical, Learning disabilities, Physical disabilities, etc.)
☐ No ☐ Yes (Please explain) _____

STUDENT INFORMATION

First Name: _____ Last Name: _____
Gender: ☐ Male ☐ Female **Sacraments Details: MUST provide copies**
Birth Date: _____ ☐ Baptism: _____
Grade in school: _____ ☐ First Holy Communion: _____
☐ Confirmation: _____

Special needs (Medical, Learning disabilities, Physical disabilities, etc.)
☐ No ☐ Yes (Please explain) _____

CONTINUE OVER

STUDENT INFORMATION

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female

Birth Date: _____

Grade in school: _____

Sacraments Details: **MUST provide copies**

☐ Baptism: _____

☐ First Holy Communion: _____

☐ Confirmation: _____

Special needs (Medical, Learning disabilities, Physical disabilities, etc.)

☐ No ☐ Yes (Please explain) _____

Note:

You **MUST** supply a copy of Baptism Certificate of your child/children for our records.

PARENTAL PERMISSION: RELEASE AND WAIVER OF LIABILITY

We agree on behalf of myself/ourselves, and our child/children named herein to release and waive any and all claims for damage which I/we or our child/children may have, so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend the Roman Catholic Bishop of Las Cruces, and his successors, the Diocese of Las Cruces, Immaculate Conception Church, its officers, directors, agents, volunteers, chaperones, and/or representatives from any and all liability rising from or in connection with my/our child/children the parish religious education program or in connection with any illness, injury or cost of medical treatment.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ICC RELIGIOUS EDUCATION OFFICE USE ONLY

Date: _____

Grade: _____

Fee: _____ Receipt # _____

Catechist: _____

(Circle one)

FAMILY FORMATION:

K-6th Grade

RCIA:

Adult

Child

CONFIRMATION:

1ST Year

2nd Year