Immaculate Heart of Mary Catholic Church

Student Information: *PLEASE PRINT and fill out all information as it appears on your child's baptismal certificate.*

Full Name:(First) _____ (M) _____ (Last) _____

Birth Date: _____   Age: _____   Gender: Male/Female

Address: _____

Allergies or Special Needs: _____

Has your child been baptized? □ Yes □ No   Date: _____

Name of Church: _____ City/State: _____

Has your child had his/her first Holy Communion? □ Yes □ No   Date: _____

Name of Church: _____ City/State: _____

Has your child received his/her Confirmation? □ Yes □ No   Date: _____

Name of Church: _____ City/State: _____

Parent/Guardian Information:

Father's Full Name_____

Mother's Full Maiden Name_____

Address (if different from child's): _____

Home Phone: _____ Cell Phone: _____

Email: _____

TUITION FEES: $20.00 per child

Please make checks payable to Immaculate Heart of Mary Catholic Church

_____

FOR OFFICE USE ONLY: Date Application Received: _____

Date Payment Received: _____

Check no:_____   Amount: _____