

**INTERPARISH RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM 2010-2011**

**PLEASE PRINT CLEARLY**

Today's Date: \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
yr-mt-day

Sex (M/F): \_\_\_\_\_

Home Parish: \_\_\_\_\_

School: \_\_\_\_\_

Parish Location: \_\_\_\_\_ City/State      School Grade\*: \_\_\_\_\_ Religion Grade\*: \_\_\_\_\_  
**\*completed as of June 2010**

Religious Education Program

Previously attended (Name/Place): \_\_\_\_\_

Write "None" if no previous Program

\*\*\*\*\*

***Child's Sacramental Background***

***Baptism***

***First Communion***

Church: \_\_\_\_\_

Church: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

City/State

City/State

Date: \_\_\_\_\_  
yr-mt-day

Date: \_\_\_\_\_  
yr-mt-day

\*\*\*\*\*

***Person(s) with whom child lives***

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

First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

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

Person to be called in an emergency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Emergency Tel. No. \_\_\_\_\_

\*\*\*\*\*

***Mother***

***Father***

Maiden Name: \_\_\_\_\_

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

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_ Married/Divorced/Single?

*Please return both this form and the Registration form - asap - to  
St. Ignatius Loyola Church  
980 Park Avenue, New York, NY 10028.*

**\*\*\*No seat is guaranteed. Assignments are made on a first come, first served basis.\*\*\***

