

**Immaculate Heart of Mary
256 State Street
Granby, MA 01033**

*** A COMPLETED CENSUS FORM IS REQUIRED FOR ALL NEW PARISH MEMBERS ***

**Faith Formation
REGISTRATION**

Family Information: Envelope Number: _____
 Name: _____
 Street: _____ Student Mother's Maiden Name: _____
 PO Box: _____
 City/State/Zip: _____
 Phone: _____ Unlisted (Y/N): _____ Cell Phone: _____

Will assist on Special Events (Y/N) _____
 Mother Will Teach (Y/N) _____ Father Will Teach (Y/N) _____ e-Mail: _____

If you are new to the Parish and your children have not received the Sacraments of Baptism and First Communion here, copies of these certificates are needed.

Registering for grade: _____	Emergency Information
First Name: _____ MI _____ Last Name: _____ M/F: _____	Person to contact, not parents:
Date of Birth: _____ Parish/City _____	Name: _____
Baptism Month/Year: _____	Phone: _____
First Communion Month/Year: _____	Relationship: _____
Special Needs/Allergies: _____	Other Contact
Public School Attending: _____ Grade: _____	Name: _____
Previous Religious Education _____ Grade Completed _____	Relationship: _____
	Address: _____
	City, St, Zip: _____
	Phone: _____
	Mail Information Yes / No

Registering for grade: _____	Emergency Information
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	Address: _____
	City, St, Zip: _____
	Phone: _____
	Mail Information Yes / No

Office Use: Grade/Room Assigned: _____ Fee Paid: _____