



Basilica of the Immaculate Conception

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Religious Education 2018/2019

Student Name _____

Age _____ Grade _____ School _____

Address _____

My child will will not be returning to Religious Education this year. Please comment:

Parent / Legal Guardian _____

Address _____

Email _____

Cell _____ Home _____

Relationship to Student _____

Allergies? Yes___ No___ Specify details: _____

Was the student baptized? Yes___ No___ Name and location of church of baptism _____

Can we use pictures of your child in church publications and other online media? Yes___ No___

Does the student have any special needs? Yes___ No___ If yes please comment _____

Emergency contact person _____

Emergency contact number _____ Email: _____

A \$10 registration fee is required for this program. Payment: Cash _____ Check # _____

Notes

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