



*Immaculate Heart of Mary Church*  
*Office of Religious Education*  
 22375 Three Notch Road  
 Lexington Park, Maryland, 20653  
 301-863-8793 FAX 301-863-8180

**CFF OFFICE NOTES:**  
 Needs hardcopy baptismal record on file \_\_\_\_\_  
 Completed: \_\_\_\_\_  
 08-09 Class Assignment: \_\_\_\_\_

## 2009-2010 RE-REGISTRATION FORM for the IHM

*Children's Faith Formation (CFF) Program*

### Please correct the following information:

STUDENT'S FULL NAME \_\_\_\_\_ LAST CFF LEVEL: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ MD ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

BAPTISM DATE: \_\_\_\_\_

BAPTISM PLACE: \_\_\_\_\_

First Holy Communion DATE: \_\_\_\_\_

First Holy Communion PLACE: \_\_\_\_\_

Please check this box   
 if your child is preparing to receive  
 First Holy Communion in May 2010

Other brothers or sisters who will also attended 2009-2010 classes:

	FIRST NAME	LAST NAME	0809 CFF LEVEL

How often does your child attend Mass? Every Sunday\_\_ twice a month\_\_ sometimes\_\_ never\_\_

NAME OF PERSON OR GUARDIAN FILLING OUT THIS FORM: \_\_\_\_\_

Work **OR** day time cell phone number: \_\_\_\_\_ Please make checks payable to: **IHM**

**FEES attached to this registration form:**

**Note to Parents:**

*Handbooks and forms will be given after registration forms are completed and turned in with the appropriate fee.*

- \_\_\_ \$80 Confirmation fee
- \_\_\_ \$50 check for one child
- \_\_\_ \$60 check for First Holy Communion Student
- \_\_\_ \$10 check for second/third/fourth child

You may complete your registration with a CFF scholarship and waiver if you please contact Cindy Thompson at 301-863-8144. She will give you a note/voucher to attach to your registration form in lieu of a registration check. Thanks!  
 Children of current catechists get a discounted registration assessment.