



**Immaculate Conception-Assumption  
Parish Religious Education Program**



53 Winter Hill Road, Tuckahoe, NY 10707  
Rectory 961-3643 RE Office 961-1076 Email: [sr.cora@icc-coa.org](mailto:sr.cora@icc-coa.org)

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## ***What Session Do You Desire?***

\_\_\_\_\_ I am registering my children for the first time this year.

\_\_\_\_\_ My children were in Religious Education last year and I wish to re-register for 2017-18.

**CONTACT INFORMATION**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

**My children are:**

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

I wish to register them or re-register them for the following session.

\_\_\_\_\_ **Sundays from 10:30-11:45 AM**                      Comments.

\_\_\_\_\_ **Wednesdays from 4:15-5:30 PM**

\_\_\_\_\_ **Wednesdays from 6:45-8:00 PM**

\_\_\_\_\_  
*Parents Signature*