

Family Last Name _____

**Faith Formation Program Registration Form
Site: Immaculate Conception Church (SJTWC)
Year 2018-2019**

<i>Father's Full Name</i>		<i>Religion</i>
<i>Mother's Full Name</i>		<i>Religion</i>
<i>Mother's Maiden Name</i>		
<i>Address (of custodial parent/s)</i>		<i>City</i>
<i>State/Zip</i>		<i>E-mail</i>
<i>Home Phone</i>	<i>Mother Cell Ph#</i>	<i>Father Cell Ph#</i>
<i>Non-custodial Parent (if applicable)</i>		<i>Religion</i>
<i>Address</i>		<i>City</i>
<i>State/Zip</i>		<i>E-mail</i>
<i>Home Phone</i>		<i>Other Phone</i>
EMERGENCY CONTACT NAME		Relationship
Home Phone		Cell Phone

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
2.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
3.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
4.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
5.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>

Please list all persons living in your home:

Do any of the children enrolled have chronic illnesses or physical limitations? *Yes* *No*

Do any of the children have any type of learning difficulty? *Yes* *No*

Do any of the children attend special education classes or utilize a 504 or IEP Plan in the public school? *Yes* *No*

If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

REGISTRATION FEE is \$25.00 per student + \$20.00 sacramental fee, if applicable.
Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

SACRAMENTAL PREPARATION: There is an additional sacramental fee of _____ /sacrament.
First Reconciliation & First Eucharist:

_____ will be preparing for the
Sacraments of Reconciliation & Eucharist.

Confirmation:

_____ will be preparing for the
Sacrament of Confirmation.

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For Internal Use Only:

Amount Paid _____ **Date Paid** _____

Cash/Check _____

Sacramental Fee (if applicable) _____

Plans for Future Payment:

Dual Parent Reporting: Please describe any requests regarding reporting to both parents in situations when the child does not reside with both parents: _____

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to _____ for the use of any videos, photographs, or _____ (parish/cluster) similar items in which my child/children might appear, or statements made by them, to be used on the parish website, parish bulletin, or parish social media. Note: no children's names will be published without prior consent.

Parent/Guardian signature

Date