



**Church of the Immaculate Conception**  
**FAITH FORMATION Registration for 2019-2020**  
(Please print)

<b>ARE YOU A REGISTERED PARISHIONER?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>WOULD YOU LIKE INFORMATION ON JOINING THE PARISH?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Father's Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

e-mail | \_\_\_\_\_ |

**Mother's Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Maiden) \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

e-mail | \_\_\_\_\_ |

Mailings should be sent to:  Father's Address  Mother's Address

**GRADES K-6 Wednesdays 6:30-8:00pm**

Name (Last, First, Middle)	Gender	Grade (Fall 2019)	School Attending	Date of Birth	<b>Catholic Sacraments Received</b>			
					Baptism	Reconciliation	Eucharist	Confirmation
_____	M F	_____	_____	_____	_____	_____	_____	_____
_____	M F	_____	_____	_____	_____	_____	_____	_____
_____	M F	_____	_____	_____	_____	_____	_____	_____

**GRADES 7-8 Wednesdays 6:30-8:00pm**

Name (Last, First, Middle)	Gender	Grade (Fall 2019)	School Attending	Date of Birth				
_____	M F	_____	_____	_____	_____	_____	_____	_____
_____	M F	_____	_____	_____	_____	_____	_____	_____

**CONFIRMATION (Grade 9 or older) Year 1 of 2-year program Wednesdays 6:30-8:30pm**

Name (Last, First, Middle)	Gender	Grade (Fall 2019)	School Attending	Date of Birth				
_____	M F	_____	_____	_____	_____	_____	_____	_____

Does your child need special help/attention or have special needs? Please be specific, i.e. allergies, hearing, vision, speech, ADHD, ADD, autism or other.

**Photo and Name Release Consent:** I hereby authorize and consent that the Church/School of The Immaculate Conception be permitted to use and publish for Parish and Ministerial use the name and likeness of my child/children. The likeness may include any photographic portraits, pictures, reproductions, made through any medium, including electronic media. I hereby release the Church/School of The Immaculate Conception from any liability in connection with such use. **Parent/Guardian Signature:** \_\_\_\_\_ **Turn to the back, please →**

**WILL YOU VOLUNTEER IN THE PROGRAM: AS A CATECHIST? \_\_\_\_\_ SUB? \_\_\_\_\_ OTHER? \_\_\_\_\_**

**Are you willing to be a Group Leader for Children's Liturgy of the Word at 10:00am Mass on Sunday? (Training provided)**  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

**If you are registering children for the first time, indicate date and place of Baptism for each child. PLEASE ATTACH A COPY OF THE BAPTISM CERTIFICATE IF BAPTISM WAS NOT AT IMMACULATE CONCEPTION.**

<u>Name</u>	<u>Date of Baptism</u>	<u>Place of Baptism</u>
_____	_____	_____
_____	_____	_____

**Tuition:** Please make checks payable to Immaculate Conception Church. Tuition fees help provide teaching and activity materials, books, videos, hospitality and help to heat, light and maintain our building.

**REGISTRATION FEE K-8: 1 Student \$85 2 Students \$100 3+ Students \$110**

**ADDITIONAL SACRAMENT FEE FOR: RECONCILIATION AND EUCHARIST \$40 per student**

**CONFIRMATION FEE: \$85 (COVERS YEARS ONE AND TWO)**

Payment in full enclosed \$ \_\_\_\_\_  
One-half of Payment now \$ \_\_\_\_\_  
Balance Paid by January 1 \$ \_\_\_\_\_

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**FOR OFFICE USE ONLY:**  
Registration Date: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # or Cash: \_\_\_\_\_ Received by: \_\_\_\_\_  
Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # or Cash: \_\_\_\_\_ Received by: \_\_\_\_\_  
Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # or Cash: \_\_\_\_\_ Received by: \_\_\_\_\_