

2019-2020 Children's Faith Formation Registration: Grades K-12

Registration: August 3 - August 31, 2019

Sundays (Sept 2019 - May 2020)

If your child was baptized in a parish other than Immaculate Conception, your child's original Baptism Certificate must be brought to the office to copy. The non-refundable, non-transferable book fee of \$50.00 per family must be paid in order to reserve space in class.

Parent Volunteer: Please check this box if you are interested in being a Children's Faith Formation catechist.

I am a registered parishioner at: _____

Child's Full Name: _____ Age: ____ Gender: ____ Birthdate: _____

School: _____ **Grade entering Fall 2019:** _____

Child lives with (circle one): Father and Mother / Father / Mother / Legal Guardian

Special Needs: _____

Allergies/Health Concerns: _____

Sacramental Information (If your child was baptized at ICC please let us know an approximate date.):

Date	Parish	City/ST	Zip Code
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Baptism: _____

1st Reconciliation: _____

1st Eucharist: _____

Confirmation: _____

Parent(s)/Guardian(s) Full Name(s): _____

Full Address: _____ Home Phone: _____

Cell Phone(s): _____ Email(s): _____

Emergency Contact Name (not listed above): _____

Phone(s): _____ Email: _____

Parent or Guardian's Signature _____ Date: _____

See Reverse Side

Please submit the following for our records:

- 1. Completed registration form** (both sides)
- 2. Original Baptismal certificate** (copied & returned)
- 3. Payment: Cash or Check**
payable to "Immaculate Conception Church."

Office Use Only: Date: _____

Staff Signature: _____

Fee Paid ___ Cash ___ Check #

2nd Child to be Registered:

Child's Full Name: _____ Age: ____ Gender: ____ Birthdate: _____

School: _____ **Grade entering Fall 2019:** _____

Child lives with (circle one): Father and Mother / Father / Mother / Legal Guardian

Special Needs: _____

Allergies/Health Concerns: _____

Sacramental Information (If your child was baptized at ICC please let us know an approximate date.):

Date	Parish	City/ST	Zip Code
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Baptism: _____

Ist Reconciliation: _____

Ist Eucharist: _____

Confirmation: _____

3rd Child to be Registered:

Child's Full Name: _____ Age: ____ Gender: ____ Birthdate: _____

School: _____ **Grade entering Fall 2019:** _____

Child lives with (circle one): Father and Mother / Father / Mother / Legal Guardian

Special Needs: _____

Allergies/Health Concerns: _____

Sacramental Information (If your child was baptized at ICC please let us know an approximate date.):

Date	Parish	City/ST	Zip Code
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Baptism: _____

Ist Reconciliation: _____

Ist Eucharist: _____

Confirmation: _____

4th Child to be Registered:

Child's Full Name: _____ Age: ____ Gender: ____ Birthdate: _____

School: _____ **Grade entering Fall 2019:** _____

Child lives with (circle one): Father and Mother / Father / Mother / Legal Guardian

Special Needs: _____

Allergies/Health Concerns: _____

Sacramental Information (If your child was baptized at ICC please let us know an approximate date.):

Date	Parish	City/ST	Zip Code
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Baptism: _____

Ist Reconciliation: _____

Ist Eucharist: _____

Confirmation: _____