



Church of the Immaculate Conception FAITH FORMATION Registration for 2016-2017
(Please print)

ARE YOU A REGISTERED PARISHIONER? Yes ___ No ___

Father's Name

Home# _____ Cell# _____ Religion _____
 Last _____ First _____ Middle _____
 Address: _____ City _____ Zip Code _____
 e-mail | _____ |

Mother's Name

Home# _____ Cell# _____ Religion _____
 Last _____ First _____ Middle _____ (Maiden)
 Address: _____ City _____ Zip Code _____
 e-mail | _____ |

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

Place a check mark on the appropriate lines to indicate all Sacraments each child has received.

Catholic Sacraments Received

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

Name (Last, First, Middle)	Gender	Grade (Fall 2016)	School Attending	Date of Birth	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 2016)	School Attending	Date of Birth	Baptism	Reconciliation	Eucharist	Confirmation
_____	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 2016)	School Attending	Date of Birth	Baptism	Reconciliation	Eucharist	Confirmation
_____	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)

In addition to tuition and fees, non-parishioners will be charged a \$30 non-parishioner fee per family.

Payment in full enclosed \$ _____

One-half of Payment now \$ _____

Balance Paid by January 1 \$ _____

FOR OFFICE USE ONLY:

Registration Date: _____	Payment Date: _____	Amount: _____	Check # or Cash: _____	Received by: _____
	Payment Date: _____	Amount: _____	Check # or Cash: _____	Received by: _____