

2020-2021 Children's Faith Formation Registration: K-12

(Sept 2020 - April 2021)

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.

Please include your non-transferable fee of \$15.00 per child (\$40.00 Maximum per family) with this form 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.

We are a returning family: Please list all children registered last year (see back of form).

We are a new family: Please fill out all requested information for each child (see back of form).

We need a Spanish language text book

We are registered parishioners at: _____

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

Full Address: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Cell Phone: _____ Email: _____

Emergency Contact (not listed above): _____

Home Phone: _____

Cell Phone: _____ Email: _____

Parent or Guardian's Signature _____ **Date:** _____

Please See Page 2

Please submit the following for our records:

- 1. Completed registration form (both sides).**
- 2. Original Baptismal certificate for each child in a Sacramental year. (to be copied & returned)**
- 3. Payment: Cash or Checks payable to "Immaculate Conception Church"**

Office Use Only: Date: _____
Staff Signature: _____
___ Book Fee Paid ___ Cash ___ Check #

New Families please complete all information below

1st Child to be Registered

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

School: _____ **Grade entering Fall 2020:** _____

Child lives with Father and Mother Father Mother Legal Guardian

Special Health Needs: _____

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

	Date	Parish	City/ST	Zip Code
Baptism	_____	_____	_____	_____
1st Reconciliation	_____	_____	_____	_____
1st Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

2nd Child to be Registered

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

School: _____ **Grade entering Fall 2020:** _____

Child lives with Father and Mother Father Mother Legal Guardian

Special Health Needs: _____

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

	Date	Parish	City/ST	Zip Code
Baptism	_____	_____	_____	_____
1st Reconciliation	_____	_____	_____	_____
1st Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

3rd Child to be Registered

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

School: _____ **Grade entering Fall 2020:** _____

Child lives with Father and Mother Father Mother Legal Guardian

Special Health Needs: _____

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

	Date	Parish	City/ST	Zip Code
Baptism	_____	_____	_____	_____
1st Reconciliation	_____	_____	_____	_____
1st Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

Note: Please use a separate form if registering more than three children.