

Faith Formation Registration Form

Immaculate Conception Parish

712-225-4606

PO Box 658 720 W. Willow St
Cherokee, IA 51012-0658

Term: 2020-2021

Family Information

Family Last Name \_\_\_\_\_ Date \_\_\_\_\_
Dad's Name \_\_\_\_\_ Dad's cell/work \_\_\_\_\_
Mom's Name \_\_\_\_\_ Mom's cell/work \_\_\_\_\_
Mom's Maiden \_\_\_\_\_ Email \_\_\_\_\_
Home Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_
Home Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Both parents Catholic? yes no

Student 1 Information

Child's Name \_\_\_\_\_ Catholic? yes no
Gender Female Male
Birth Date \_\_\_\_\_
Grade \_\_\_\_\_
Class \_\_\_\_\_
Sacramental Details Date and Church in City
Baptism \_\_\_\_\_
Reconciliation Prep \_\_\_\_\_
Eucharist \_\_\_\_\_
Confirmation \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.)

Student 2 Information

Child's Name \_\_\_\_\_ Catholic? yes no
Gender Female Male
Birth Date \_\_\_\_\_
Grade \_\_\_\_\_
Class \_\_\_\_\_
Sacramental Details Date and Church in City
Baptism \_\_\_\_\_
Reconciliation Prep \_\_\_\_\_
Eucharist \_\_\_\_\_
Confirmation \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.)

Student 3 Information

Child's Name \_\_\_\_\_ Catholic? yes no
Gender Female Male
Birth Date \_\_\_\_\_
Grade \_\_\_\_\_
Class \_\_\_\_\_
Sacramental Details Date and Church in City
Baptism \_\_\_\_\_
Reconciliation Prep \_\_\_\_\_
Eucharist \_\_\_\_\_
Confirmation \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.)

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**Student 4 Information**

Child's Name \_\_\_\_\_

**Catholic?** yes no

Gender Female Male

**Sacramental Details** Date and Church in City

Birth Date \_\_\_\_\_

Baptism \_\_\_\_\_

Grade \_\_\_\_\_

Reconciliation Prep \_\_\_\_\_

Class \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc.)

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**Student 5 Information**

Child's Name \_\_\_\_\_

**Catholic?** yes no

Gender Female Male

**Sacramental Details** Date and Church in City

Birth Date \_\_\_\_\_

Baptism \_\_\_\_\_

Grade \_\_\_\_\_

Reconciliation Prep \_\_\_\_\_

Class \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc.)

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**Non-Residential Parent / Guardian**

Parent's First Name \_\_\_\_\_

Parent's Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Student(s) who will attend in-person classes \_\_\_\_\_

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Student(s) who will attend at home \_\_\_\_\_

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**Reading and Understanding of the Re-Opening Directives**

I have received, read, and understand the **Re-Opening Directives from Immaculate Conception Parish of Cherokee, IA for the Faith Formation Program** and agree to abide by them.

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Signature of Parent / Guardian

Date

**Student 6 Information**

Child's Name \_\_\_\_\_

**Catholic?** yes no

Gender Female Male

**Sacramental Details** Date and Church in City

Birth Date \_\_\_\_\_

Baptism \_\_\_\_\_

Grade \_\_\_\_\_

Reconciliation Prep \_\_\_\_\_

Class \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc.)

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**Student 7 Information**

Child's Name \_\_\_\_\_

**Catholic?** yes no

Gender Female Male

**Sacramental Details** Date and Church in City

Birth Date \_\_\_\_\_

Baptism \_\_\_\_\_

Grade \_\_\_\_\_

Reconciliation Prep \_\_\_\_\_

Class \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc.)

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