

Family Last Name _____

Parish Membership _____

Faith Formation Program Registration Form
Site: Immaculate Conception Church (SJTWC)
Year 2019-2020

Father's Full Name		Religion
Mother's Full Name		Religion
Mother's Maiden Name		
Address (of custodial parent/s)		City
State/Zip		E-mail
Mother Cell #		Father Cell #
Non-custodial Parent (if applicable)		Religion
Address		City
State/Zip		E-mail
Cell #		Other Phone
EMERGENCY CONTACT NAME		Relationship
Home Phone		Cell Phone

Children/Youth to Register First, Middle, Last Name Please	Birth Date	Gender	Age	Grade	Baptism	Reconciliation	Communion	Confirmation
1.					Yes/No	Yes/No	Yes/No	Yes/No
2.					Yes/No	Yes/No	Yes/No	Yes/No
3.					Yes/No	Yes/No	Yes/No	Yes/No
4.					Yes/No	Yes/No	Yes/No	Yes/No
5.					Yes/No	Yes/No	Yes/No	Yes/No

Please list all persons living in your home:

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No

Do any of the children have any type of learning difficulty? Yes No

Do any of the children attend special education classes or utilize a 504 or IEP Plan in the public school? Yes No

If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

REGISTRATION FEE is \$25.00 per student + \$20.00 sacramental fee, if applicable.
Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

SACRAMENTAL PREPARATION: There is an additional sacramental fee of \$20 /sacrament.

First Reconciliation & First Eucharist:

_____ will be preparing for the
Sacraments of Reconciliation & Eucharist.

Confirmation:

_____ will be preparing for the
Sacrament of Confirmation.

For Internal Use Only:

Amount Paid _____ **Date Paid** _____
Cash/Check _____
Sacramental Fee (if applicable) _____

CONSENT FORMS:

Dual Parent Reporting: Please describe any requests regarding reporting to both parents in situations when the child does not reside with both parents: _____

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to

_____ for the use of any videos, photographs, or
(parish/cluster)

similar items in which my child/children might appear, or statements made by them, to be used on the parish website, parish bulletin, or parish social media. Note: no children's names will be published without prior consent.

Parent/Guardian signature

Date