Family Last Name _____

Faith Formation Registration Immaculate Conception Parish 2026-27

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 Ph#	*Father Cell Ph#*
Non-custodial Parent (if applicable)	*Religion*
Address	*City*
State/Zip	*E-mail*
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*

List other 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 $75 per student in 1-10th grade Faith Formation
SACRAMENTAL FEE is an additional $60 per student in preparation for First Eucharist (2nd grade) or Confirmation (10th grade)

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

Calculate your amount due:

1. **# of students you are enrolling in 1-10th grade Faith Formation Classes __ x $75 = $ _____**
2. **# of students preparing to receive 1st Eucharist or Confirmation __ x $60 = $ _____**

3. **Line 1 + Line 2 = Total amount due $_____**

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Amount Paid _____ ***Date Paid_____***

Cash/Check# _____ ***Initials _____***

If you are unable to pay in full, please express your plans for Future Payment(s):

Monthly: _____

Quarterly: _____

Other: _____

Need Assistance: _____

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