

**Immaculate Conception Parish, De Pere WI**  
**Faith Formation Registration Form 2023-24**

FAMILY/ GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Religion: \_\_\_\_\_ Marriage Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Religion: \_\_\_\_\_ Marriage Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

INFORMATION SHOULD BE SENT TO: Father Mother Guardian All Other: \_\_\_\_\_

**Email address(s) to be used for newsletters, reminders, class cancellations/updates**

**(REQUIRED):** \_\_\_\_\_

Child's full name	Male or Female	Grade	Date of Birth	Baptism Date & Place if not IC	First Eucharist Yes/No

School(s) your child(ren) attend: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency treatment is required, and the parents/guardians cannot be reached immediately, your signature in the space provided below empowers parish authorities to exercise their own judgment to

transport your child to a hospital emergency room. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do/does your child(ren) have any learning, physical, or developmental challenges?** If so, please list specific information about those special needs.

Name(s): \_\_\_\_\_

Nature of disability: \_\_\_\_\_

**Name of any children who have allergies AND type of allergy:**

Name: \_\_\_\_\_ Type: \_\_\_\_\_

**Name of any children who are on medication AND type of medication:**

Name: \_\_\_\_\_ Type: \_\_\_\_\_

**Media Release - REQUIRED** : Do we have your permission to take your child(ren)'s picture during the year for display in the hallway, bulletin, website, etc. of different activities that they are involved in? Yes

No

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**Please check the area(s) your family would like to VOLUNTEER in to help the Faith Formation Program (Tuition for children of catechists is waived):**

\_\_\_\_\_ Catechist

\_\_\_\_\_ Classroom Aide (Grade preferred: \_\_\_\_\_ )

\_\_\_\_\_ Substitute Catechist

\_\_\_\_\_ General Volunteer on Wednesday nights (help w/ art projects, copying/office work, etc.)

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### IMMACULATE CONCEPTION FAITH FORMATION TUITION PLAN

#### Fees - Parishioners:

One Student = \$100.00 - Two Students = \$200.00 -Three (or more) Students = \$300.00

**Fees – Non Parishioners:** One Student = \$200.00 – Two Students = \$400.00 -Three (or more) = \$600.00

Please make your check or money order payable to **Immaculate Conception**. Tuition payments may be made in several ways. Please indicate your choice below:

\_\_\_\_\_ Full Tuition payment due at registration \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payments of: \$ \_\_\_\_\_

\_\_\_\_\_ First Half Tuition payment due at registration \$ \_\_\_\_\_

**\*\*\* Second Half Tuition Payment due February 1, 2024 \*\*\***

If any of these fees create a financial burden, please contact the parish Office at **869-2244**. Payment plans and tuition assistance are available. No one shall be denied a Catholic Christian Education based solely on his/her ability to pay tuition. **All children must be registered PRIOR to attending classes.**

**Thank you!**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_