

Immaculate Conception and St. Patrick Church
 Religious Education Program
Family Registration Form
 2019-20 school year

Please return all forms to
 Immaculate Conception Parish
 703 12th Ave
 Fulton, IL 61252

Family Information	Last Name _____ Dad's Name _____ Mom's Name _____
	Street Address _____ City / Zip _____
	Home Phone _____ Dad's cell/work _____
	Mom's cell/work _____ Mom's Maiden Name _____
	Email address _____
	Children live with: <input type="checkbox"/> both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Guardian/relation _____
	If Guardian: Name _____ Phone _____

Please enter information for each child you are enrolling in the Religious Education Program.

New Families entering our parish Religious Education program: You will need to register **IN PERSON** at the RE Office. There is additional information you need to receive. Bring a copy of each child's baptismal certificate.

Returning Families registering a **New Student** into the R/E program: Send a copy of the child's **Baptismal Certificate** with the registration form.

Student Information	Last Name (if different)	Gender	Birthdate	Grade in	Name of School
	First Name	M / F	mm/dd/yy	2018-19	
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Request for Class Session	_____ Wednesday, 5:30-6:30pm, IC parish hall Kindergarten thru 4th grade classes
	_____ Wednesday, 7:00-8:15pm, IC parish hall 5th thru Confirmation class

Attention: We have available a system called *Flock Note* that enables us to communicate via e-mail or text. Please sign up today for Flock Notes by calling the Church office or by using your cell and in the **TO** box type the numbers 84576 and in the **MESSAGE** box type the word "light". Watch for a response on your phone and follow the directions and you will be able to communicate via Flock Note! Would you like to be on Flock Note? Yes No

(Most teachers use this to communicate to the parents on canceled classes)

Medical Concerns / Emergency Contact Info

Child's Name _____ **Medical problems, allergies, learning disabilities** _____

In case of medical emergency, I grant permission to the Immaculate Conception volunteers to administer first aid and to secure proper treatment for my child(ren) until I can be reached.

Parent / Guardian Signature _____ Date _____

Emergency Contact Person if parents cannot be reached: Relationship _____

Name _____ Phone _____

Non-Custodial Parent

Should mail go to the non-custodial parent? Yes / No If yes, please provide the following:

Name _____

Street Address _____ City / Zip _____

Tuition & Fees / Payment Structure

Tuition Fee

Registered Parishioners: \$ 25 for each student = (waived if parent is teaching)

July 15—August 16 = \$25.00 / After August 16 = \$45.00 (\$20 late fee) \$ _____

Non Parishioners: \$35 for each student / after August 16 = \$55 (\$20 late fee)

Sacramental Fees: \$20 additional fee for First Reconciliation and/or First Communion \$ _____

\$45 additional fee for Confirmation (Fall Retreat and Youth Summit) \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT

1. Register and pay in full before by August 16 2019 to a void the late fee
2. Register after August 1, 2019 late fee will be added
3. Teachers: \$25 fee is waived, sacramental fees are due
4. Families with 3 or more children are capped at \$60 registration fee

METHOD of PAYMENT

\$ _____ amount paid _____ Cash

_____ Check # _____ (make checks payable to Immaculate Conception)

In memo write RE fees