

IMMACULATE CONCEPTION PREP
NEW STUDENT REGISTRATION

Return to: Immaculate Conception PREP
1703 Sherwin Ave. 54701

For Office Use Only
Date of Registration: _____
E.I.C. _____

Is your **household** registered at the parish office? _____ (**required to partake in the program**)

Father's Information: Please provide name, even if divorced or spouse deceased.

Name _____ Address _____ ZIP _____
First Last
Religion _____ Best time to call: _____ Hm or Cell Ph _____ Work Phone _____

Mother's Information: Please provide name, even if divorced or spouse deceased.

Name _____ Address _____ ZIP _____
First Last Maiden
Religion _____ Best time to call: _____ Hm or Cell Ph _____ Work Phone _____

Child resides with: ___ Mother ___ Father ___ Both Family's Email _____
___ Father Deceased ___ Mother Deceased ___ Parents Divorced

If divorced or separated: Please send mailings to ___ Mother ___ Father ___ Both

Name of 1st Child: _____
First Middle Last
Date of Birth _____ School attending in 2020-2021 _____
Month Day Year

***BAPTISM: If your child was not baptized at Immaculate Conception we must see a copy of their BAPTISMAL CERTIFICATE, as soon as possible. It does not need to accompany this registration. If you do not have one in your possession, please contact the parish where your child was baptized**

This child was baptized at _____
Parish City State

Grade child will be in: _____ Where and when child last attended Rel. Ed: _____

Conditions we should be aware of: ___ Allergies : type _____ ADD
___ Developmentally Disabled ___ Diabetes ___ Epilepsy ___ Hearing Impairment ___ Vision Impairment
___ Learning Disability: type _____ Other: _____

What kinds of techniques work best at home or school regarding discipline, attention span and motivation?

Special dietary needs? _____
Is preferential seating beneficial? _____ Other instructions for the catechist: _____

___ Please have the catechist call me regarding my child's special needs.

USE BACK IF ADDITIONAL NEW STUDENTS

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Name of 2nd Child: _____

_____ First Middle Last
Date of Birth _____ School attending in 2020-2021 _____
Month Day Year

***BAPTISM: If your child was not baptized at Immaculate Conception we must see a copy of their BAPTISMAL CERTIFICATE, as soon as possible. It does not need to accompany this registration. If you do not have one in your possession, please contact the parish where your child was baptized.**

This child was baptized at _____

_____ Parish City State
Grade child will be in: _____ Where and when child last attended Rel. Ed: _____

Conditions we should be aware of: _____ Allergies : type _____ ADD
_____ Developmentally Disabled _____ Diabetes _____ Epilepsy _____ Hearing Impairment _____ Vision Impairment
_____ Learning Disability: type _____ Other: _____

What kinds of techniques work best at home or school regarding discipline, attention span and motivation?

Special dietary needs? _____
Is preferential seating beneficial? _____ Other instructions for the catechist: _____

_____ Please have the catechist call me regarding my child's special needs.

Name of 3rd Child: _____

_____ First Middle Last
Date of Birth _____ School attending in 2020-2021 _____
Month Day Year

***BAPTISM: If your child was not baptized at Immaculate Conception we must see a copy of their BAPTISMAL CERTIFICATE, as soon as possible. It does not need to accompany this registration. If you do not have one in your possession, please contact the parish where your child was baptized.**

This child was baptized at _____

_____ Parish City State
Grade child will be in: _____ Where and when child last attended Rel. Ed: _____

Conditions we should be aware of: _____ Allergies : type _____ ADD
_____ Developmentally Disabled _____ Diabetes _____ Epilepsy _____ Hearing Impairment _____ Vision Impairment
_____ Learning Disability: type _____ Other: _____

What kinds of techniques work best at home or school regarding discipline, attention span and motivation?

Special dietary needs? _____
Is preferential seating beneficial? _____ Other instructions for the catechist: _____

_____ Please have the catechist call me regarding my child's special needs.