

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 1<sup>st</sup> Child:** \_\_\_\_\_  
First Middle Last  
Date of Birth \_\_\_\_\_ School attending in 2018-2019 \_\_\_\_\_  
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**

IMMACULATE CONCEPTION PREP  
NEW STUDENT REGISTRATION

**Name of 2nd Child:** \_\_\_\_\_

\_\_\_\_\_ First Middle Last  
Date of Birth \_\_\_\_\_ School attending in 2018-2019 \_\_\_\_\_  
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 2018-2019 \_\_\_\_\_  
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.