** IMMACULATE CONCEPTION CHURCH FAITH FORMATION PROGRAM**

 **700 N. Bill Gray Rd Cottonwood, Arizona 86326 (928)634-2933**

**Registration Date** (Fecha de Inscripción) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Family Last Name** / Apellido \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2nd. Last Name if different**. (2do Apellido Si aplica) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year & Payment**

**Father's Name** (Nombre del Papá) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_ Bapt.\_\_ Holy C.. \_\_ Conf.\_\_ Lives at Home \_\_\_ **Mother's Name** (Nombre de la Mamá) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_ Bapt.\_\_ Holy C.. \_\_ Conf.\_\_ Lives at Home \_\_\_ **Guardian’s Name** (Nombre de Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_ Bapt.\_\_ Holy C. \_\_ Conf.\_\_ Lives at Home \_\_\_ **Address**/(Dirección) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/(Ciudad) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_ #cell mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** #cell dad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language spoken at home \_\_\_** English \_\_\_ Español \_\_\_ Other **Emergency Phone** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Idioma que se habla en casa) other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teléfono de emergencia) (Nombre de la persona)**

**Confidential Information**/ (Información Confidencial) Parents' Marital Status **(Estado Matrimonial)** : ( ) **Married by Church at (Casados por la Iglesia en) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ( )Not Married (**No Casados)** ( )Divorced **(Divorciados)** ( )Single ( **Soltero/a)** ( )Foster Parents (**Padres Adoptivos)** ( )Guardian **(Guardián)**

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| Child’s Full Name | D. of Birth | M/F | *School Grade / Grado Escolar* | Day  | Bapt.  | 1 Rec. | FHC | CONF |
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This information concerning your child is important to us so we can see his/her special needs. **Esta información es importante para nosotros poder saber sus necesidades:**

**Medication**  \_\_\_\_\_\_\_\_\_\_\_ Child/**Learning Disabilities**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )ADD ( ) Autism ( ) Hearing Impaired ( ) Blind ( ) NONE   **(Medicamentos) (Deficiencia de aprendizaje) Autismo Sordera Ceg*ue*ra** **(Ninguno)**