

**Immaculate Conception Parish  
2017-2019 Confirmation Registration Form**

Student's Name: \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parish and Date of: Baptism \_\_\_\_\_ First Eucharist \_\_\_\_\_  
**(If not IC, please include copy of Baptismal certificate)**

School Attending in September: \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_  
**(Please write legibly. Most communication will be via email.)**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Emergency Contact: \_\_\_\_\_  
Name Phone

Medical Conditions/Allergies/Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Registered member of Immaculate Conception Parish: \_\_\_\_\_  
Yes No

Permission to participate in service and volunteer opportunities related to Immaculate Conception Confirmation Classes from September 1, 2017 until September 1, 2019. I understand that events may take place away from church grounds and this form will serve as a medical release for my child. I further consent to my child's participation with regard to transportation, i.e. parish van, chartered bus, or car.

Parent Name (Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

Photographs and/or videos of minors are taken periodically for use in parish/parochial publications. In signing this authorization, you are acknowledging this and granting permission to Immaculate Conception Faith Formation to use photos/videos of your child and their name in print/electronic publications and displays.

Parent Name (Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

**FEE FOR THE TWO YEAR PROGRAM IS \$100. Registration and Fee are due July 31, 2017.**  
(If student fee presents a hardship, please call the IC Youth Office, 637-2375)

For Office Use: Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_