

NEW STUDENTS ONLY
IMMACULATE CONCEPTION PARISH
FAITH FORMATION NEW STUDENT REGISTRATION
2018-2019

For Office Use Class _____ PDS _____
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Child's Last Name: _____ First Name: _____

Nickname: _____ Date of Birth: _____ Gender: F M

Address: _____

City: _____ Zip: _____ Phone: _____ Cell: _____

Family email: _____

Parish: IC _____ Other _____ Please Identify _____

School Attending in September: _____ Grade: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Parent comments and/or medical conditions that would assist us in teaching your child.
(PLEASE INCLUDE ANY ALLERGIES AND EDUCATIONAL NEEDS):

Emergency Number we can call while your child is in our care:
Name _____ Phone Number _____ Relationship _____

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

Signature _____

SACRAMENTAL RECORD

Previous Religious Education: Yes _____ No _____ Where _____

Baptism Date: _____ Church: _____ City: _____

1st Reconciliation Date: _____ Church: _____ City: _____

1st Eucharist Date: _____ Church: _____ City: _____

SCHOOL YEAR 2018-2019

Faith Formation Grade Entering _____ Class requested: Weekday _____ Sunday _____

OUR FEE IS \$25.00 per child for IC Parishioners, \$75.00 per family (3 or more)
\$30.00 per child for non-parishioners, \$85.00 per family (3 or more)
\$10 Late Fee per child after August 1.

NOTE: Please fill out one Registration Form for each child.

PLEASE RETURN WITH PAYMENT TO
FAITH FORMATION (K - 8) OFFICE, IMMACULATE CONCEPTION PARISH VIA EMAIL OR US MAIL.
APPLICATIONS MAY ALSO BE DROPPED OFF TO THE RECTORY OFFICE.

FEE PAID: Check # _____ Cash _____ On-Line Credit Card _____
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Volunteer Information

We are always in need of additional teachers, substitutes and adult helpers. Please prayerfully consider helping out in any of the many ways listed below.

___ Teacher (preferred grade, day and time) _____

___ Aide or Assistant (preferred grade, day and time) _____

___ Substitute Teacher (Availability - grade, day and time) _____

Please call the Faith Formation (K – 8) Office at 315-637-9840 or email us at avoutsinas@syrdio.org if you need further information or have suggestions to improve our programs.

Thank you for considering these important areas of ministry to our children!
