

**Immaculate Conception Parish
2018-2020 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: _____ Student email: _____
(Please write legibly. Most communication will be via email.)

Mother's Name (include maiden 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, 2018 until September 1, 2020. 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, 2018.
(If student fee presents a hardship, please call the IC Youth Office, 637-2375)

For Office Use: Date Paid: _____ Check # _____ Cash _____