

**RETURNING STUDENTS ONLY**  
**IMMACULATE CONCEPTION PARISH**  
**FAITH FORMATION RETURNING 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* \_\_\_\_\_

**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@syrдио.org](mailto:avoutsinas@syrдио.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!

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