

NEW STUDENTS ONLY
IMMACULATE CONCEPTION PARISH
FAITH FORMATION **NEW STUDENT REGISTRATION**
2021-2022

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

Nickname: _____ Date of Birth: _____

Primary Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

Family Email(s): _____

Registered Parish: IC _____ Other _____ Please Identify _____

School Attending in September: _____ Grade: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Please list all allergies, medical conditions, and/or educational needs that will assist us in teaching your child.
(If none, please indicate NONE.)

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 to use your child's name, photos and videos in print or electronic publications and displays.

Signature _____

If necessary, my child has my permission to participate with on-line Catechesis with Immaculate Conception.

Signature _____

Faith Formation Class requested: Weekday _____ Sunday _____

Fee is \$30.00 per child for IC Parishioners, maximum of \$90.00 per family (3 or more)
\$40.00 per child for non-parishioners, \$120.00 per family (3 or more)
Registration is due by August 15th. Any received after this date must include a \$10 late fee.

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. PAYMENTS MAY ALSO BE MADE ON-LINE.

FEE PAID: Check # _____ Cash _____ On-Line Credit Card _____
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SACRAMENTAL RECORD

Previous Religious Education: Yes ____ No ____ Where _____

Baptism Date: _____ Parish: _____ City: _____

1st Reconciliation Date: _____ Parish: _____ City: _____

1st Eucharist Date: _____ Parish: _____ City: _____

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!
