

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

For Office Use
Class _____
PDS _____

Child's Last Name: _____ First Name: _____

Nickname: _____ Date of Birth: _____

School Attending in September: _____ Grade: _____

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 _____

PLEASE UPDATE THE FOLLOWING IF ANYTHING HAS CHANGED

Primary Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phones(s): _____

Family Email(s): _____

Registered Parish: IC _____ Other _____ Please Identify _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

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 _____

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 if you need further information or have suggestions to improve our programs.

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