

**Immaculate Conception Parish
2026-2028 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 and Grade _____ Home Phone: _____ Parent Cell Phone: _____

Family email _____ Student email _____
(Please write legibly. Most communication will be via email.)

Mother's Name _____ (Maiden name) _____ Father's Name _____

Address: _____
Street City Zip

Emergency Contact: Name _____ Phone _____

Medical Conditions/Allergies/Educational Needs:

Registered member of Immaculate Conception Parish: Yes _____ No _____

Permission to participate in service and volunteer opportunities related to the Immaculate Conception Confirmation program from June 1, 2026 until June 1, 2028. 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/names of your child in print/electronic publications and displays.

Parent Name (Print): _____ Parent Signature: _____

When necessary, my child has my permission to participate with on-line Catechesis with Immaculate Conception. I understand that a subsequent email will be forwarded providing dates and times of the sessions.

- I give permission
- I do not give permission

Parent Name: _____ Parent signature: _____

FEE FOR THE TWO YEAR PROGRAM IS \$125. Registration and Fee are due August 15, 2026. Please note: registration is not complete without payment. Late registrations will be handled on an individual basis.

(If student fee presents a hardship, please email Gail Capozzi at gcapozzi@syrdio.org)

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