PLEASE PRINT

IMMACULATE CONCEPTION RELIGIOUS EDUCATION OFFICE

REGISTRATION FORM 2018/2019

| Amount Owed | |
|---------------|--|
| Paid by Check | |
| Paid by Cash | |
| Balance | |
| Date | |
| | |

| | | | | | | | Date | |
|--|---------------|------------------------|--|---------------------|--------------|-----------------------|---|----------------------------------|
| FAMILY LAST NAM | 1E | | E- | Mail Add | lress | | | |
| | | | | | | | ZIP CODE | |
| | | | Last | | | | GION | |
| | | | Last | | | | GION | |
| | First | | Maiden | Name | | | 51011 | |
| HOME PHONE | | | FATHER'S C | ELL | | MC | OTHER'S CELL | |
| FAMILY STATUS | □ мая | RRIED | ☐ SINGLE | PARENT | - | ☐ SEPAR | RATED | |
| | □ DIV | ORCED | ☐ RE-MAR | RIAGE | | ☐ DECE | ASED SPOUSE | |
| LOCAL EMERGENO NAME (OTHER THAN YOUR | | | _ PHONE_ PARENT(S) CANNOT | BE REAC | REL CHED) | _ATIONSHIP | | |
| PLE | ASE LIST | 1 | | | | | TION CLASSES K-8 | |
| LAST NAME, FIRST I | NAME | Grade in 2018/19 | SCHOOL Attending in the Fall | | | and CHURCH BAPTISM | Place and CHURCH OF PENANCE | Place and CHUI OF EUCHARIS |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TUITION: \$175.00 | for one child | d. \$235.00 |) for two children and | \$300.00 | for thre | ee or more child | Iren. | |
| | | | IN 2 ND AND 8 TH GRA | | | | | |
| TUITION IS TO BE | | | | | | | | |
| | | | | | | | the volunteers who s rds are immeasurabl | |
| Catechist Help in O | - | | | ute Cate g Guard | | | Classroom A Hall Monitor | |
| SESSION YOU WA | NT YOUR (| CHILD TO | ATTEND FIRS | ST CHOIC | CE: | ☐ 5:30 PM | OR □ 7:00 PM | |
| | | | SEC | OND CH | OICE: | ☐ 5:30 PM | OR □ 7:00 PM | |
| | | | ONCEPTION PARISI | | | □ No | | _ |
| Any now student mu | ict procent | a conv of | hic/hor Pantismal Co | rtificato | non roc | victration | | |

Any new student must present a copy of his/her Baptismal Certificate upon registration.

^{**}Our Parish follows the Diocesan Guidelines: Students must have attended the previous year before they can be part of a Sacramental Class. Children really need to attend every year so they have a good understanding of their faith. **

| ON MEDICATION FOR ATTENT | | EOFFICE NEEDS TO KNOW ABOUT YOUR CHILD/REN: i.e GIES, HEARING PROBLEM, HAS LEARNING PROBLEMS C, VISION PROBLEMS, ETC. |
|--|--|--|
| | | |
| | | |
| | | |
| | EMERGENCY MEDICAL PERM | IISSIUN CUNSENT EUBW |
| | | |
| | | I in case of serious injury or illness, I authorize Immaculate emed necessary; including transportation of the student to |
| delay in such communication w | ould endanger life. In the case of | Iness or accident and prior to any major surgery, except whe f a medical emergency, I understand that every effort will be inor. In the event that I cannot be reached, I hereby give |
| | elected by the adult staff to hosp | pitalize, secure proper treatment for, and to order injection |
| permission to the physicians s | elected by the adult staff to hosp | oitalize, secure proper treatment for, and to order injection |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: | elected by the adult staff to hosp I necessary for my child. | oitalize, secure proper treatment for, and to order injection |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: | elected by the adult staff to hosp I necessary for my child. | oitalize, secure proper treatment for, and to order injection |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: Parent's Home Phone: | elected by the adult staff to hosp | pitalize, secure proper treatment for, and to order injection Date: |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: | elected by the adult staff to hosp | pitalize, secure proper treatment for, and to order injection Date: |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: Parent's Home Phone: Parent's Cell Phone: Allergic to medication/other? | elected by the adult staff to hosp | pitalize, secure proper treatment for, and to order injection |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: Parent's Home Phone: Parent's Cell Phone: Allergic to medication/other? If YES, please describe: | elected by the adult staff to hosp I necessary for my child. O YES (circle one) | pitalize, secure proper treatment for, and to order injection Date: |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: Parent's Home Phone: Parent's Cell Phone: Allergic to medication/other? If YES, please describe: | elected by the adult staff to hosp I necessary for my child. O YES (circle one) | pitalize, secure proper treatment for, and to order injection Date: |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: Parent's Home Phone: Parent's Cell Phone: Allergic to medication/other? If YES, please describe: Medication(s) presently taking: Insurance Information | elected by the adult staff to hosp I necessary for my child. O YES (circle one) | pitalize, secure proper treatment for, and to order injection |
| permission to the physicians sanesthesia, or surgery if deemed Child/ren's Names: Signature of Parent/Guardian: Parent's Home Phone: Parent's Cell Phone: Allergic to medication/other? Note of YES, please describe: Medication(s) presently taking: Insurance Information Policy in the name of: | elected by the adult staff to hosp I necessary for my child. O YES (circle one) | pitalize, secure proper treatment for, and to order injection Date: Da |

Video and still photos will be taken at times during the year (in the classroom, at retreats, during prayer services...). Registration constitutes permission for possible participation in videotape and/or still photographs. These may be used in our monthly newsletters, the bulletin, the newspaper or on our webpage. *Children's names will not be used on the webpage*.