

PLEASE PRINT

**IMMACULATE CONCEPTION  
RELIGIOUS EDUCATION OFFICE  
REGISTRATION FORM 2018/2019**

Amount Owed \_\_\_\_\_  
Paid by Check \_\_\_\_\_  
Paid by Cash \_\_\_\_\_  
Balance \_\_\_\_\_  
Date \_\_\_\_\_

FAMILY LAST NAME \_\_\_\_\_ E- Mail Address \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
First Last

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
First Maiden Name

HOME PHONE \_\_\_\_\_ FATHER'S CELL \_\_\_\_\_ MOTHER'S CELL \_\_\_\_\_

FAMILY STATUS  MARRIED  SINGLE PARENT  SEPARATED  
 DIVORCED  RE-MARRIAGE  DECEASED SPOUSE

**LOCAL EMERGENCY CONTACT:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
(OTHER THAN YOURSELF-USED ONLY IF PARENT(S) CANNOT BE REACHED)

**PLEASE LIST ONLY CHILDREN TO BE ATTENDING RELIGIOUS EDUCATION CLASSES K-8**

LAST NAME, FIRST NAME	Grade in 2018/19	SCHOOL Attending in the Fall	Date of Birth	Place and CHURCH OF BAPTISM	Place and CHURCH OF PENANCE	Place and CHURCH OF EUCHARIST

TUITION: \$175.00 for one child, \$235.00 for two children and \$300.00 for three or more children.

SACRAMENTAL FEE FOR STUDENTS IN 2<sup>ND</sup> AND 8<sup>TH</sup> GRADES: \$50.00 BOOK FEE PER CHILD: \$20.00

**TUITION IS TO BE PAID IN FULL BY OCT. 1, 2018.**

**We need your time and talent for the following tasks. Our success depends totally on the volunteers who step forward each year. We have many needs. The time commitments can be minimal, but the rewards are immeasurable.**

\_\_\_\_\_ Catechist                                      \_\_\_\_\_ Substitute Catechist                                      \_\_\_\_\_ Classroom Aide  
\_\_\_\_\_ Help in Office                                      \_\_\_\_\_ Crossing Guard                                      \_\_\_\_\_ Hall Monitor

SESSION YOU WANT YOUR CHILD TO ATTEND      FIRST CHOICE:  5:30 PM OR  7:00 PM  
SECOND CHOICE:  5:30 PM OR  7:00 PM

DO YOU BELONG TO IMMACULATE CONCEPTION PARISH?  Yes  No

IF NOT WHAT PARISH DO YOU BELONG TO \_\_\_\_\_

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. \*\***

PLEASE MAKE NOTE OF ANY NECESSARY INFORMATION THE OFFICE NEEDS TO KNOW ABOUT YOUR CHILD/REN: i.e. ON MEDICATION FOR ATTENTION DEFICIT DISORDER, ALLERGIES, HEARING PROBLEM, HAS LEARNING PROBLEMS HAS INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.), AUTISTIC, VISION PROBLEMS, ETC.

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### **EMERGENCY MEDICAL PERMISSION CONSENT FORM**

In the event the parents and / or guardians cannot be contacted in case of serious injury or illness, I authorize Immaculate Conception Parish to take such emergency action as may be deemed necessary; including transportation of the student to a hospital or medical center.

I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact me the parent/guardian of the below named minor. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Child/ren's Names: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Allergic to medication/other? NO YES (circle one)

If YES, please describe: \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

#### **Insurance Information**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **Videotaping & Still Photographs**

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.*