

IMMACULATE CONCEPTION CHURCH
Children's Faith Formation Registration

FAMILY INFORMATION

Family last name: _____ Number of children in the family: _____
Father's name: _____ Religion: _____
Mother's first name & maiden name: _____ Religion _____
Family's address: _____ City/Town/Zip _____
Email address: _____ Phone #: _____ Cell# _____

CHILD'S INFORMATION

Please note: All children must complete 1 year of Religious Education before preparing for sacraments!

If your child was not baptized at Immaculate Conception or St. George, please provide a copy of the baptismal certificate. Thank you!

Child's Name: _____ Date of Birth _____
Public School attending: _____ Grade in Sept. _____
Special medical &/or learning needs (i.e. allergies, etc. also):

PERMISSION & RELEASE INFORMATION

Permission and medical release form: Child's name: _____

In the event of any emergency, I, as the parent/guardian of the above individual, give my permission to authorize emergency medical treatment for my child during class time, I understand that every effort will be made to contact either parent to guardian prior to treatment.

Doctor & Phone # _____ Health ins. #: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE

The Staff of Immaculate Conception Church (please check one below):

_____ has permission to photograph my child (name) _____

_____ does NOT have permission to photograph my child (name) _____

In order to share photos with the children's prayer partners, or to promote community awareness of our Faith Formation program through bulletin board photos, power point presentations to groups, in the bulletin, or in brochures.

Parent/ Guardian Signature Date