

**IMMACULATE CONCEPTION PARISH
FAITH FORMATION REGISTRATION
2009-2010**

Child's
Last Name: _____ First Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

E- mail address: _____

Date of Birth: _____

School Attending in September: _____ Grade: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Parent Comments or medical information that would assist us in teaching your child
(PLEASE INCLUDE ANY ALLERGIES):

Emergency Phone number we can call while your child is in our care:

Name: _____ Phone Number: _____

Relationship: _____

SACRAMENTAL RECORD

Number of previous years of Religious Ed: _____ Where: _____

Baptism Date: _____ Church: _____ City: _____

1st Communion Date: _____ Church: _____ City: _____

1st Penance Date: _____ Church: _____ City: _____

SCHOOL YEAR 2009-2010

Faith Formation Grade Entering in 2009-2010 _____

Day and time you will attend: Day: _____ Time: _____

OUR FEE IS \$25.00 Per child, \$75.00 per family FEE PAID _____

NOTE: Please fill out one Registration Form for each child.

Volunteer Information

We are always in need of additional teachers and helpers. Please prayerfully consider helping out in any of the many ways listed below.

___ Teacher (preferred grade and time) _____

___ Aide (preferred grade and time) _____

___ Sunday coordinator at Church in Dwyer Hall
9:00-10:00 AM _____

___ Serve on Religious Education Board

___ Help with Children's Liturgies ___ 9:00 AM Mass ___ 11:00 AM Mass

___ Help with RCIA for children

___ Substitute Teacher _____ Day _____ Grade

Please call the Religious Education Office at 637-9840 or e-mail us at iccreled@twcny.rr.com if you need further information or have suggestions to improve our programs.

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