

**IMMACULATE CONCEPTION PARISH
FAITH FORMATION REGISTRATION
2008-2009**

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 2007-2008

Faith Formation Grade Entering in 2007-2008 _____

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.
Please see other side**

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!
