

Immaculate Conception Church
2009 – 2010 Confirmation Registration Form
\$75.00 Fee covers the two year program
Complete and return to IC Youth Office by July 15th
with \$75.00 fee and Baptismal certificate in order to process your
registration.

Student's Name: _____

School attending in fall: _____

Daytime Phone: _____ **Evening Phone:** _____

Family Email _____ **Student Email** _____

Mother's name _____ **Father's name** _____

Address: _____
Street City Zip

Emergency Contact: _____
Name Phone

Registered member of Immaculate Conception Parish _____
Yes No

Medical Conditions/Special Needs _____

Permission to participate in service and volunteer opportunities related to Immaculate Conception Confirmation classes from September 1, 2009 until September 1, 2010. I understand that this event will take place away from the church grounds and that this form will serve as a medical release for my child.

I further consent to my child's participation with regard to method of transportation, i.e. parish van, chartered bus, or car.

Parent Name (print) _____

Parent Name (sign) _____ **Date** _____

For Office Use:
Date Paid _____ Check # _____ Cash _____