

Immaculate Conception Church
2010 – 2011 Confirmation Registration Form
\$100.00 Fee covers the two year program
Complete and return to IC Youth Office by July 15th
including \$100.00 fee and Baptismal certificate.

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

If no what Parish do you belong to: _____

Medical Conditions/Special Needs _____

Permission to participate in service and volunteer opportunities related to Immaculate Conception Confirmation classes from September 1, 2010 until September 1, 2011. 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** _____