

IMMACULATE CONCEPTION FAITH FORMATION

2011/2012 Family/Child Registration Form

Family Information: Please Print Clearly

FAMILY NAME _____ *EMAIL _____

Address _____ City _____ Zip _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Contact Info: Parent Name & Phone #(s) _____

Parent Name & Phone #(s) _____

Individual Child Information: If we do not have one already on file, please bring a copy of your child's baptismal certificate with you to registration. PLEASE PRINT CLEARLY

Name	Age	Sex	Date of Birth	Grade & School	Baptism Date/Place	First Communion Date/Place
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Do any of your children have special needs we should be aware of? _____

Medical Release:

I authorize emergency care for my child(ren) while they are present at the Immaculate Conception Faith Formation and accept responsibility for payment if such is incurred. This authorization is given if I or my emergency contact: Name _____

Phone: _____ cannot be reached.

Parent/Guardian Signature _____ Date: _____

Are you able to share your time & talent at faith formation? We are always looking for catechists, adult & teen helpers, prayer monitors & child care providers. Please check below if you can help. A member of our faith formation staff will contact you. Thanks!

_____ Yes, I can help! Name _____ Phone _____