

Immaculate Conception
Family Faith Formation Registration Form

Are you attending: _____ In person _____ Virtually _____ Hybrid

Parent Last Name: _____ Registered Member of IC Yes No
Father's Name: _____ Father's Religion: _____
Father's Phone Number: _____ Father's Email Address: _____

Mother's Name: _____ Mother's Religion: _____
Mother's Maiden Name: _____ Married according to Church Laws? Yes No
Mother's Phone Number: _____ Mother's Email Address: _____

Address:

Student's Name (First, Middle, Last):

Grade for 2021-2022: _____ Birthdate/Place: _____
School Name: _____ New to Sunday School? Yes No
Sacraments received: _____ Baptism _____ Reconciliation _____ Echarist _____ Confirmation

Student's Name (First, Middle, Last):

Grade for 2021-2022: _____ Birthdate/Place: _____
School Name: _____ New to Sunday School? Yes No
Sacraments received: _____ Baptism _____ Reconciliation _____ Echarist _____ Confirmation

Student's Name (First, Middle, Last):

Grade for 2021-2022: _____ Birthdate/Place: _____
School Name: _____ New to Sunday School? Yes No
Sacraments received: _____ Baptism _____ Reconciliation _____ Echarist _____ Confirmation

Student's Name (First, Middle, Last):

Grade for 2021-2022: _____ Birthdate/Place: _____
School Name: _____ New to Sunday School? Yes No
Sacraments received: _____ Baptism _____ Reconciliation _____ Echarist _____ Confirmation

I would like to volunteer as a _____ Teacher _____ Assistant Teacher _____ Substitute Teacher

Please list any special needs or allergies you child may have:

