

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 \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

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I would like to volunteer as a \_\_\_\_\_ Teacher \_\_\_\_\_ Assistant Teacher \_\_\_\_\_ Substitute Teacher

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