Immaculate Conception

Religious Education/Sacrament/Youth Ministry 2025-2026 Registration Form

Office Use:	

CHILD'S NAME	DATE OF BIRTH	GRADE	PLACE OF BAPTISM (Church Name, City and State)	DATE OF BAPTISM
				/
	//			/
	/			/
				/
Mailing Address				
HILD(REN)/Teens(s) LIVES W	TH (please check one): I	Both Parents _	Mother Father	Other:
ARENT/GUARDIAN INFORMAT	TON			
Nother's Name	Ph	one #	Email	
ather's Name	Pi	none #	Email	

CHILDREN/TEEN PROGRAMS - I WISH TO ENROLL MY CHILD/TEEN IN...

Child's First Name	Family Based Religious Ed (Grades 1-6)	First Reconciliation	First Eucharist	Middle School/ Confirmation (Grade 7, 8 & 9)	High School Youth Group (Grades 9-12)

NOTE: If your child is planning on celebrating a First Reconciliation, First Eucharist or Confirmation during this year, please provide Rich with a copy of your child's baptism certificate **IF** they were not baptized at Immaculate Conception.

MEDICAL AND/OR EDUCATIONAL NOTATION – Does your child have any medical conditions (including allergies) and/or special educational needs or learning disabilities that we should be aware of?					
No Yes If yes, please	specify below				
Comments:					
Emergency Contact Name	Phone #	Relationship to child/teen			
EMERGENCY CONTACT OTHER T	HAT PARENT (used only if parent cannot be	reached)			
NAME					
CELL and/or HOME PHONE	· <u>·</u>				
DISMISSAL RELEASE	NFORMATION - Other than parents, to whom ma	y your child(ren) be released from Faith Formation classes?			
Name	Phone	Relationship to child/teen			
Is there anyone to whom your child(re	en) should NOT be released?				
		d relationship to child(ren)			
PARENT/GUARDIAN COI	NSENT FORM - PHOTO/VIDEO RELEASE				
photos (still and moving) may be use		ation classes, liturgies, activities and events. I further agree that these Conception Parish, including the parish and diocesan websites, parish NAMES WILL NOT BE PUBLISHED			
I do not grant permission for my	child to be photographed.				
Parent/Guardian Signature:		Date: / /			