

**Immaculate Conception Religious Education  
2018-2019 Registration Form Ktg-10<sup>th</sup> Grades  
Due by August 27<sup>th</sup>, 2018**

This form **MUST** be returned and all information must be filled out for your child to be enrolled!

Last Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Name	Last, if different from above	Gender	Birth date	'18-'19 Grade*	Sacraments Received (circle)			
					Baptism	Eucharist	Reconciliation	Confirmation
_____	_____	M F	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	B	E	R	C

\*Kindergarten students must be 5 years old by September 1, 2018.

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parental address if different from above \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother's work # \_\_\_\_\_ Hours: \_\_\_\_\_ Mom's cell \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's work # \_\_\_\_\_ Hours: \_\_\_\_\_ Dad's cell \_\_\_\_\_

Father's email \_\_\_\_\_

\*Please add [icwreled@gmail.com](mailto:icwreled@gmail.com) to your accepted list if you have a blocked account. I use email frequently to send class cancelations, updates and other info. Emails will be sent blind copy so others do not see your email. Please provide an email if you have one.

OK to share email with your child's Religion teacher?  Yes  No

**Enrollment in a class depends upon the number of volunteers available. Every effort will be made to place children in a class if registered By August 27<sup>th</sup>,**

**By enrolling my child, I (one parent per family) am also agreeing to attend a VIRTUS (scandal abuse protection) training session.** Please put 1<sup>st</sup> and 2<sup>nd</sup> choice by dates for preference to attend.

\_\_\_\_ September 12<sup>th</sup> 6pm at OLL

\_\_\_\_ October 22<sup>nd</sup> 6pm at ICC

(Complete back side of form)

**PHOTO RELEASE**

I, \_\_\_\_\_, give Immaculate Conception Church permission to post pictures of my child/ren listed above on bulletin boards, in the bulletin, in the newsletter and on [www.iccwatertown.org](http://www.iccwatertown.org). I understand that only pictures taken at official Faith Formation events will be posted.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Information**

If a child needs emergency care, we will call 911 and notify parents immediately. There is no medical insurance provided by the Parish or Archdiocese.

Contact person if parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cellular/beeper \_\_\_\_\_

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Known allergies to medications or food:

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

The following are special circumstances regarding my child (social, medical or academic):

Child's Name \_\_\_\_\_ Concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ Concerns \_\_\_\_\_

Additional information which would be helpful in teaching your child (learning disabilities, behavior tendencies, etc.) \_\_\_\_\_

**Office use only**

<b>FEE</b>	<b>AMOUNT</b>	<b>#OF STUDENTS</b>	<b>TOTAL</b>
In Parish Registration Fee	\$80	x	
In Parish Registration Fee with Sacrament	\$150	x	
Out of Parish Registration Fee	\$130	x	
Out of Parish Registration Fee w/Sacrament	\$210	x	

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_