

Immaculate Conception Faith Formation
510 Oakwood Avenue
East Aurora, NY 14052 655-0067

NEW STUDENT REGISTRATION
2018

NAME _____ PHONE NO. _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY ZIP CODE

DATE OF BIRTH _____ Circle one - MALE / FEMALE

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME _____ RELIGION _____
FIRST NAME MAIDEN NAME

ADDRESS TO: (MR./MRS.) (DR./MRS.) (MR./DR.) (DR./DR.) (MR. ONLY) (MS. ONLY) (Circle one)

ARE YOU A REGISTERED MEMBER OF IMMACULATE CONCEPTION PARISH? _____

Name of school & grade your child is attending in September. _____
Grade for _____ Grades 1 -5 Saturday only
Faith Formation _____ Grade 6 - 9 indicate
Tues. or Thurs.
Grade 10 - Thurs. only

(PLEASE ENCLOSE A COPY OF THE BAPTISMAL CERTIFICATE IF NOT BAPTIZED AT IMMACULATE CONCEPTION PARISH.)

SACRAMENTS RECEIVED:

Parish, City, & Date of Baptism _____

Parish, City, & Date of Penance _____

Parish, City, & Date of Eucharist _____

EMERGENCY TELEPHONE NUMBERS:

PLEASE GIVE NAME/PHONE #

Relative/Friend _____

Mother's Cell/Work _____

Father's Cell/Work _____

Email(Please print clearly)_____

TUITION FEE

\$40.00 - per child

\$75.00 - 2 children

\$100.00 - 3 or more children

SACRAMENTAL FEE

(Gr. 2) Reconciliation - \$25.00 - per child

(Gr. 3) Eucharist - \$25.00 - per child

(Gr.10) Confirmation - \$30.00 - per child

Please indicate the area you are willing to volunteer your assistance:

___ Catechist _____ Classroom Assistant _____ Substitute Teacher

___ Hall Monitor (Saturday only) _____ Hall/Parking Lot Monitor (Tuesday/Thursday only)

Please inform us of any allergies, medical, or learning problems that may bear on the student's learning or behavior. (Ex: reading problems, allergies, ADD, etc.) **This is kept confidential.** Thank you.