

Immaculate Conception Faith Formation
510 Oakwood Avenue
East Aurora, NY 14052
655-0067
Re-Registration - 2019

PARENT NAME _____ PHONE NO. _____
(last name) (first name)

ADDRESS _____ ZIP CODE _____

(MR./MRS.) (DR./MRS.) (MR./DR.) (DR./DR.) (MR. ONLY) (MS. ONLY) circle one

Are you a registered member of Immaculate Conception Parish? _____

(IF YOU HAVE A CHILD ENTERING THE PROGRAM FOR THE FIRST TIME, PLEASE CALL THE OFFICE OF FAITH FORMATION FOR A "NEW" STUDENT REGISTRATION FORM)

Grades 1 – 5 Saturday only

Grades 6 - 9

Tues. / Thurs

Grade 10-Thurs. only

Child's Name

Grade in September

1. _____
2. _____
3. _____
4. _____
5. _____

EMERGENCY CONTACT PERSON / TELEPHONE NUMBERS:

Relative/Friend _____

Mother's Cell/work _____

Father's Cell/work _____

Email(please print clearly) _____

TUITION FEE (received **by** June 15th).

\$50.00 - 1 child

\$90.00 - 2 children

\$120.00 - 3 or more children

\$20.00 late fee AFTER June 15.

SACRAMENT FEE

(Gr. 2) Reconciliation - \$30.00 per child

(Gr. 3) Eucharist - \$30.00 per child

(Gr.10) Confirmation - \$50.00 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 medical or learning problems that may bear on the student's learning or behavior. (Ex. allergies, reading problems, ADD, etc.) **This is kept confidential.** Thank you.