

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

**NEW STUDENT REGISTRATION**  
**2020-2021**

**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.) (MRS.) (MS.) (Circle one)**

**ARE YOU A REGISTERED MEMBER OF IMMACULATE CONCEPTION PARISH?** \_\_\_\_\_  
Grades 1 - 5 Saturday  
Grades 6, 7, 8, 10 Thursday  
Grace 9 - online.

School your child is attending in September. Grade \_\_\_\_\_

\_\_\_\_\_

(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**

\$50.00 - per child  
\$90.00 - 2 children  
\$120.00 - 3 or more children

**SACRAMENTAL 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)      \_\_\_\_ Hall/Parking Lot Monitor (Thursday)

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.