

Immaculate Conception Faith Formation
510 Oakwood Avenue
East Aurora, NY 14052
655-0067
Re-Registration – 2020-2021

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
Grades 6, 7, 8, 10 Thursday
Grade 9 – online

Child’s Name

Grade in September

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

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

SACRAMENT FEE

(Gr. 2) Reconciliation - \$30.00 per child
(Gr. 3) Eucharist - \$30.00 per child
(Gr.10) Confirmation - \$50.00 per child

\$20.00 late fee AFTER June 15.

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 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.