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

NEW STUDENT REGISTRATION
2024-2025

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)

THE NAME OF THE PARISH WHERE YOU ARE REGISTERED_____

School your child is attending September/2024 _____ **Grade:**_____

Please place a check mark next to the program you are registering for:

_____ 1- 6 Family Program (Sunday/monthly) **_____ Grades 7, 8, 9, 10 (Thurs)**

REQUIRED – COPY OF BAPTISIMAL CERTIFICATE IF NOT BAPTIZED AT IMMACULATE CONCEPTION PARISH

Parish, City, Date of Baptism_____

Parish, City, Date of Penance _____

Parish, City, Date of Eucharist_____

TUITION FEE: (by August 15)

$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

EMERGENCY CONTACT PERSON / TELEPHONE NUMBERS:

Relative/Friend_____

Mother's Cell/work # _____ Father's Cell/work #_____

Email (please print clearly) _____

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

____Catechist ____Classroom Assistant ____Substitute Teacher _____ Hall Monitor

Photos may occasionally be taken during class time or at parish events which will **never** have names posted, but may be used on our website or social media to share our faith story.

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.