

Immaculate Conception Faith Formation
510 Oakwood Avenue, East Aurora, NY 14052
716-655-0067 formation@icchurchea.org
Re-Registration – 2024-2025

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

THE NAME OF THE PARISH WHERE YOU ARE REGISTERED _____

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

Please place a check mark next to the program section(s) you are registering for:

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

Child's Name

Grade in September/2024

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 July 22, 2024)

\$50.00 - 1 child

\$90.00 - 2 children

\$120.00 - 3 or more children

\$20.00 late fee AFTER July 22, 2024

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/Parking Lot Monitor (Thursday)

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 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.