

*Church of the Immaculate Conception
Offices of Faith Formation and Youth Ministries
400 Saratoga Road, Glenville, NY 12302*

For Office Use Only:
Date Recd: _____
Enrolled: _____
Payment: _____
_____ Check _____ Cash
Bapt. Cert: _____

2016-2017 NEW FAMILY ENROLLMENT FORM

[Please PRINT clearly and complete all information on BOTH sides of this form]

FAMILY LAST NAME _____
MAILING ADDRESS _____
Street City Zip Code
HOME PHONE _____ EMAIL ADDRESS _____
ARE YOU REGISTERED AT THIS PARISH? Yes No
If not, at which parish are you registered? _____

PARENT(S)/GUARDIAN(S)

FATHER'S INFORMATION

MOTHER'S INFORMATION

Name: _____ Name: _____
Cell Phone: _____ Maiden Name: _____
Work Phone: _____ Cell Phone: _____
Religion: _____ Work Phone: _____
Religion: _____
MARITAL STATUS: Married ____ Single ____ Divorced ____ Widowed ____

EMERGENCY INFORMATION – Please list someone OTHER than a parent/guardian

In the event of an emergency and we are unable to contact a parent/guardian, please contact the following:
Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

PARENT INVOLVEMENT

We appreciate you sharing your time and talent with the children and teens in our programs.
Please indicate if you are interested in volunteering in any of the following areas:

_____ Catechist (Grade Level _____) _____ Substitute catechist as needed
_____ Children's Liturgy of the Word _____ Office Volunteer _____ YM Chaperone
_____ Baking for various events ó we will contact you via email as needed

For the safety of our children all volunteers are required to complete applications, a standard code of conduct, VIRTUS training and background checks.

CONTINUED ON NEXT PAGE

STUDENT(S) INFORMATION

CHILD'S NAME _____ GRADE IN 2016-2017 _____ SCHOOL DISTRICT _____

Male Female DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

ALLERGIES / MEDICATIONS / COMMENTS: _____

SACRAMENTAL INFORMATION:

Please note that we are required to maintain copies of baptismal certificates on file. If your son/daughter was not baptized at ICC, please attach a copy of their baptismal certificate.

	DATE	PARISH	CITY & STATE
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 st Eucharist	_____	_____	_____

CHILD'S NAME _____ GRADE IN 2016-2017 _____ SCHOOL DISTRICT _____

Male Female DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

ALLERGIES / MEDICATIONS / COMMENTS: _____

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Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 st Eucharist	_____	_____	_____

FEES & CONSENT

Tuition for 2016-2017 is \$65.00 for one child - \$125.00 for two - \$175.00 for three or more children. Please circle appropriate amount and indicate _____ Check or _____ Cash

Please Note: Payment is due with registration. Thank you.

PERMISSION & RELEASE: I grant permission for my child(ren) to participate in all activities scheduled by the Offices of Faith Formation and Youth Ministries that are held on the grounds of the Church of the Immaculate Conception. I understand that the Parish, Parish Employees and the Roman Catholic Diocese of Albany are not liable for accidents or injuries which occur on the premises. I specifically grant permission for my child(ren) to be photographed for display and use within the parish on bulletin boards, in the weekly bulletin and on the parish website.

PARENT SIGNATURE: _____ **DATE:** _____

Forms can not be accepted without parent/guardian signature.