

*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: \_\_\_\_\_

**2017-2018 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 2017-2018 \_\_\_\_\_ 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 <sup>st</sup> Eucharist	_____	_____	_____

CHILD'S NAME \_\_\_\_\_ GRADE IN 2017-2018 \_\_\_\_\_ 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 <sup>st</sup> Eucharist	_____	_____	_____

CHILD'S NAME \_\_\_\_\_ GRADE IN 2017-2018 \_\_\_\_\_ 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 <sup>st</sup> Eucharist	_____	_____	_____

### FEES & CONSENT

Tuition for 2017-2018 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.**