

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

For Office Use Only:
Date Rec'd: _____
Enrolled: _____
Payment: _____
_____ Check _____ Cash
Bapt. Cert: _____

2019-2020 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 – 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 2019-2020 _____ 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 2019-2020 _____ 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 2019-2020 _____ SCHOOL DISTRICT _____

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

ALLERGIES / MEDICATIONS / COMMENTS: _____

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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.**

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

FEES & CONSENT

Tuition for 2019-2020 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 and facebook page.*

PARENT SIGNATURE: _____ DATE: _____

Forms can not be accepted without parent/guardian signature.