

2025-26 Religious Education Registration Form (K-12)

Parent Information – **complete one per family.**
Student Specific Information – **complete one per child.** Thank you!

Parent(s)/Legal guardian(s) name(s): _____

Name(s) of children you are enrolling (include last names if different than above)

Address: _____
Street City Zip

Cell Phone 1: _____ Cell Phone 2: _____

Permission to use cell phone for texting/ FLOCKNOTE text messages ☐ Yes ☐ No

Email: _____

Additional Emergency Contact: _____ Phone: _____

Parishioners of Immaculate Conception: ☐ Yes ☐ No

If not, name of parish/church: _____

My child/children may attend Catholic religion classes at Immaculate Conception Parish Center. I understand that this program will take place on parish grounds and that my child/children will be under the supervision of authorized parish personnel. ☐ Yes ☐ No

Our religion classes can operate successfully because of our volunteers. If you would like to share your time and talents with our youth, please indicate below: I am willing to help in the following area:

___ ***Teacher*** Preferred Grade(s) if any: _____
___ ***As needed (not weekly)*** Preferred Grade(s) if any: _____
___ ***Assistant (Weekly)*** Preferred Grade(s) if any: _____

Fees

One Child: \$35.00

Two Children: \$55.00

Three Children: \$77.00

Four Children +: \$85.00

Make checks out to Immaculate Conception Church. Please drop off completed form to parish office, class, collection basket or mail to Immaculate Conception Church, P.O. Box 296, Ottoville, OH 45876.

Financial assistance is available. Please contact the parish office, if needed.

Student Specific Information –one for each child

Child's name: _____ Birth date: _____ Grade in '25-26: _____

Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

If any of these sacraments took place at another parish and you have not given us a certificate yet, please ask that parish to send us an official sacramental certification.

Special Concerns we should be aware of: (i.e. Learning Disability, ADD, ADHD)

Please Explain: _____

Known Allergies: _____

Student Media Consent (photos for Parish Bulletin, Facebook page): ☐ Yes ☐ No

My child/children may attend Mass at Immaculate Conception Church weekday mornings or during Wednesday evening religion classes. **This includes bussing, if appropriate:** ☐ Yes ☐ No

Anything else you would like us to know? _____

Parent/Guardian Signature _____

Student Specific Information –one for each child

Child's name: _____ Birth date: _____ Grade in '25-26: _____

Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

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Special Concerns we should be aware of: (i.e. Learning Disability, ADD, ADHD, etc.)

Please Explain: _____

Known Allergies: _____

Student Media Consent (photos for Parish Bulletin, Facebook page): ☐ Yes ☐ No

My child/children may attend Mass at Immaculate Conception Church weekday mornings or during Wednesday evening religion classes. **This includes bussing, if appropriate:** ☐ Yes ☐ No

Anything else you would like us to know? _____

Parent/Guardian Signature _____
