

Immaculate Conception and St. Patrick Church
Religious Education Program
Family Registration Form
2025-26 school year

Please return all forms to
Immaculate Conception Parish
703 12th Ave
Fulton, IL 61252

Family Information

Last Name _____ Dad's Name _____ Mom's Name _____
Street Address _____ City / Zip _____
Home Phone _____ Dad's cell/work _____
Mom's cell/work _____ Mom's Maiden Name _____
Email address _____
Children live with: ____ both parents ____ Mother ____ Father Guardian/relation _____
If Guardian: Name _____ Phone _____

Non-Custodial Parent

Should mail go to the non-custodial parent? Yes / No If yes, please provide the following:
Name _____
Street Address _____
City / Zip _____

Class Session

Classes will meet on the 1st and 3rd Wednesday of each month:
_____ **Wednesday, 6:00-7:15pm, IC parish hall K thru 6th grade classes**
_____ **2nd & 4th Wednesday, 6:00-7:15pm, IC parish hall ... 7th grade + (Confirmation Only)**
To be Confirmed 2026 you must have two years of Confirmation.

Communication

Attention: Starting this year, We will be communicating through "myParish" App, Personal Text and Facebook.
If you have a smart phone, please download "myParish" App by texting [APP](#) to phone number [88202](#).
(This is how we will communicate to the parents on class reminders, canceled classes, etc.)



Student Information

Last Name (if different) First Name	Gender M / F	Birthdate mm/dd/yy	Grade in 2025-26	Name of School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BOOK FEE(S)

K - 6th Grade # of books _____ x \$25 = \$ _____

First Reconciliation / First Communion Books \$25 \$ _____

1st-year Confirmation Candidates \$25 \$_____

2nd-year Confirmation Candidates \$25 \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT

1. Register and pay in full by September 3, 2025

METHOD of PAYMENT

\$_____ amount paid _____ Cash

 Check # _____

Make checks payable to:
Immaculate Conception
In memo write RE Book Fees

From time to time, we take pictures during Religious Education activities. We would like your permission to use these pictures on our website, in our newsletter, and in the parish bulletin. Pictures are selected to highlight activities at our parish. We will never reference your child by name, or provide any specific information regarding your child. Please grant us permission to use photos of your child by signing and dating below.

Parent / Guardian's Signature

Date _____

I give permission for my child's name to be published in *The Observer* (Diocesan Newspapers) or the parish bulletin (which will be on the website and Parish App).

Parent / Guardian's Signature

Date _____

Child's Name listed below plus any Medical problems, allergies, learning disabilities, etc.

In case of medical emergency, I grant permission to the Immaculate Conception volunteers to administer first aid and to secure proper treatment for my child(ren) until I can be reached.

Parent / Guardian Signature _____ Date _____

New Families only:

Child #1	Child's Name	Birth Date
	Birth Place (City & State)	
	Baptismal Date	Place
	Godparents	
	First Reconciliation Date	Place
	First Holy Communion Date	Place
	Medical /allergies/ learning disabilities	

Child #2	Child's Name	Birth Date
	Birth Place (City & State)	
	Baptismal Date	Place
	Godparents	
	First Reconciliation Date	Place
	First Holy Communion Date	Place
	Medical /allergies/ learning disabilities	

Child #3

Child's Name Birth Date

Birth Place (City & State)

Baptismal Date Place

Godparents

First Reconciliation Date Place

First Holy Communion Date Place

Medical /allergies/ learning disabilities

Child #4

Child's Name Birth Date

Birth Place (City & State)

Baptismal Date Place

Godparents

First Reconciliation Date Place

First Holy Communion Date Place

Medical /allergies/ learning disabilities