

IMMACULATE CONCEPTION FAITH FORMATION
STUDENT REGISTRATION

Return to: Immaculate Conception Faith Formation
1703 Sherwin Ave. 54701

For Office Use Only
Date of Registration: _____

Is your **household** registered at the parish office? Yes: _____ No: _____

Father's Information: Please provide name, even if divorced.

Name _____ Address _____ ZIP _____
First Last
Email address: _____ Home Ph _____ Cell Phone _____

Mother's Information: Please provide name, even if divorced.

Name _____ Address _____ ZIP _____
First Last Maiden
Email address: _____ Home Ph _____ Cell Phone _____

Child resides with: _____ Mother _____ Father _____ Both

If divorced or separated: Please send mailings to _____ Mother _____ Father _____ Both

Name of 1st Child: _____
First Middle Last
Date of Birth _____
Month Day Year **Grade child will be in:** _____

Name of 2nd Child: _____
First Middle Last
Date of Birth _____
Month Day Year **Grade child will be in:** _____

Name of 3rd Child: _____
First Middle Last
Date of Birth _____
Month Day Year **Grade child will be in:** _____

Name of 4th Child: _____
First Middle Last
Date of Birth _____
Month Day Year **Grade child will be in:** _____

THIS FORM NEEDS TO BE FILLED OUT COMPLETELY!