

IMMACULATE CONCEPTION FAITH FORMATION STUDENT REGISTRATION

Return to: Immaculate Conception Faith Formation For Office Use Only
1703 Sherwin Ave. 54701 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: _____

Date of Birth _____ **Grade child will be in:** _____

Name of 2nd Child: _____

Date of Birth _____ **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: _____

Name of the Child _____ First _____ Middle _____ Last _____
Date of Birth _____ Month _____ Day _____ Year _____ Grade _____ Class _____

THIS FORM NEEDS TO BE FILLED OUT COMPLETELY!