

**IMMACULATE CONCEPTION FAITH FORMATION
2026- 2027 Registration Form**

Family Information: Please Print Clearly

Family Name _____ E-mail _____

Address _____ City _____ Zip _____

Father's Name _____ Religion _____ Occupation _____

Mother's Name _____ Religion _____ Occupation _____

Mother's Maiden Name _____ Who do child/ren reside with _____

Contact Info: Father Phone # _____ Mother Phone # _____

House Phone # _____

Parish Registered at: _____ Parish ID# _____

Class Times

_____ Grades K-6, Monday, 5:15-6:30pm

_____ Grade 7, Confirmation Prep I and Grade 8, Confirmation Prep II. Monday's 6:15-7:30pm

_____ Disciples Den (ages 3-5) Select Sunday's during 10am Mass _____ Other _____

Fees: Early Registration before August 15th. One child \$110.00, Two Children \$215.00, Three children \$260.00. Four Children \$330. **Regular Registration after August 16th.** One child \$120.00, Two Children \$235.00, Three children \$290.00. Four Children \$370.

Book & material fee of \$40 per child is included and non-refundable after first class.

*Credit Card payments will incur a 3% service charge.

Disciples Den: Donation

Individual Child Information: We will need a copy of each child's Baptismal Certificate if not already on file.

First Name	Last Name	Sex	Birth Date	Grade	School	Allergies/Special Needs

Office Use Only: New Family _____ Returning Family _____ Permanent Record _____

Total Amount Owed _____ Tuition _____ Book Fee \$40 per student _____

Total Amount Paid _____ Ck _____ Cash _____ TA _____ Receipt _____

Baptismal Cert verified _____ FC Verified _____ Class List _____ Breeze _____

Email _____ Mailing list _____ FF Financial Spreadsheet _____

April 9, 2026 tk

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: _____

Signed: _____
(Parent or Guardian)



IMMACULATE
CONCEPTION
CATHOLIC
PARISH

FAITH
FORMATION

ANCHORVILLE

PERMISSION TO PUBLISH

I give permission for my child's (children's) name to be published in any form of communication, including Faith Formation publications, newsletters, Immaculate Conception parish bulletin publications, etc.

Signature of parent or guardian: _____ Date: _____

No, I do not give permission for my child's (children's) name to be published in any form of communication including Faith Formation publications, newsletters, Immaculate Conception parish bulletin publications, etc.

Signature of parent or guardian: _____ Date: _____

Permission granted until child completes 8th grade Faith Formation or until permission is revoked.

AUDIO, STILL, & VIDEO PERMISSION

I give permission for my child (children) to be photographed, videotaped, or audio recorded for educational & community relations not-for-profit use in such publications as the church bulletin, newsletter, community newspapers, marketing brochures, program materials, or for promotional purposes, etc.

Signature of parent or guardian: _____ Date: _____

No, I do not give permission for my child (children) to be photographed, videotaped, or audio recorded for educational and community relations not-for-profit use in such publications as the church bulletin, newsletter, community newspapers, marketing brochures, program materials, or for promotional purposes, etc.

Signature of parent or guardian: _____ Date: _____

Permission granted until child completes 8th grade Faith Formation or until permission is revoked.

Child's Name

Grade

_____	_____
_____	_____
_____	_____

*Growing In Spirit,
Anchored In Faith*
* 1853 *

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