

2026/2027 Faith Formation Registration Form

(please register by September 16, 2026)

Family Name: _____

Parent(s)/Legal Guardian(s): _____

Relationship to child/ren: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact's Name: _____ Primary Cell #: _____

E-mail address: _____ Primary Other Phone #: _____

Alternate Contact's Name: _____ Alternate Cell #: _____

E-mail address: _____ Alternate Other Phone #: _____

Do your children/teens attend Pine City Schools? Yes No (If 'No' I will call the Primary Contact in the case of a cancellation.)

Are the parents/guardians both Catholic? Yes No Please, explain _____

Additional adult in the child/children's home or life we should know about (e.g., adult sibling, grandparent):

Name: _____ Relationship: _____ Phone #: _____

Child 1: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age _____ Grade _____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Child 2: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age _____ Grade _____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Please use the ADDITIONAL YOUTH FORM 2025/2026 to enroll more than 2 children.

A fee of \$30/child (family max of \$100) is asked to cover some of the costs of materials and resources.

Please enclose payment along with your registration form. Checks may be made payable to:

Immaculate Conception Church. Thank you!

Registration Fee: _____ # of children x \$30/Child = _____

*** OVER ***

Return to: Faith Formation, Immaculate Conception Church, 555 8th Street SW, Pine City, MN 55063

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PARENT/LEGAL GUARDIAN PERMISSION FORM AND INDEMNITY AGREEMENT

My CHILD/REN, (full names) _____
are eligible to participate in programs with the Immaculate Conception Church that require permission.
NOTE: These activities will take place under the guidance and supervision of staff and volunteers from Immaculate Conception Church and St. Joseph Church.

All Faith Formation Programs during the 2026/2027 program year at Immaculate Conception Church.

I consent to the participation of my child/ward in the **Faith Formation Program**. In consideration for my child/ward's participation, I agree to reimburse and indemnify Immaculate Conception Parish for all reasonable legal and court fees incurred by Immaculate Conception Church which relates to the above-named activity if Immaculate Conception Church is found not legally liable by the courts and prevails in the lawsuit. If Immaculate Conception Church is found liable for injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of Immaculate Conception Church to clarify any concerns or questions about the activity or this agreement that I may have had. I also remain legally responsible for any personal actions taken by my child/ward and will be liable for any damage caused by them.

Parent/Legal Guardian's Signature

Date

Address

Primary Phone

Alternative Phone

City, State, Zip

EMERGENCY MEDICAL TREATMENT In the event of a medical emergency, I give permission to transport my child/ward to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

MEDICAL INSURANCE COMPANY

PHONE NUMBER

EMERGENCY CONTACT In the event of any emergency, if Immaculate Conception Church is unable to reach either parent/guardian at the numbers listed on the front, please contact:

Name

Relationship

Phone Number

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