IMMACULATE CONCEPTION CATHOLIC PARISH

320 N MAPLE ST, COLVILLE, WA 99114
(509) 684-6223 info@myparishfamily.org

Religious Education Registration

2026-2027

CHILD INFORMATION

Last Name: _____ First Name: _____

DOB: ____/____/_____ Sex: ☐ M ☐ F

What grade are you registering your child for? Pre-K K 1 2 3 4 5 6 7 8

Did your child attend Religious Education last year? ☐ Yes ☐ No

Is your child baptized? ☐ Yes ☐ No If yes: Roman Catholic Church? ☐ Yes ☐ No

Date of Baptism: _____ Church name and City/State: _____
Baptism Certificate Available? ☐ Yes ☐ No

Has your child received the Sacrament of Reconciliation in the Roman Catholic Church? ☐ Yes ☐ No
Has your child received the Sacrament of Confirmation in the Roman Catholic Church? ☐ Yes ☐ No
Has your child received Holy Communion in the Roman Catholic Church? ☐ Yes ☐ No

The Sacraments of Reconciliation (Confession), Confirmation, and First Holy Communion will ordinarily be celebrated in the 2nd Grade. If you would like your child to prepare to receive the Sacraments, please choose one option:
☐ Reconciliation, Confirmation, Communion ☐ Confirmation only (already had First Communion)

PARENT(S) INFORMATION

Last Name: _____ First Name: _____

Phone number: _____ Email: _____

Last Name: _____ First Name: _____

Phone number: _____ Email: _____

Address: _____ City: _____ State: ____ ZIP: _____
Preferred method of contact: ☐ Phone ☐ Text ☐ Email

Parish of Registration:
☐ Immaculate Conception ☐ Sacred Heart ☐ Pure Heart of Mary
☐ Other _____ ☐ I would like to register at _____
****Parent involvement is critical for the success of our religious education program. The parents are expected to help in various ways. Please indicate how you will participate:**
☐ Teaching ☐ Assistant Teaching ☐ Helping with activities ☐ Providing snacks and/or materials
☐Other: _____

Fees: The fee for Religious Education classes and Sacramental Preparation classes is $30 per family (payable to: Immaculate Conception Catholic Parish). This fee helps defray the cost of books and supplies for children and families, as well as for activities that take place throughout the year. There is no charge for Youth Group, though retreats or out of town events may require separate fees. Due to financial hardship, no child or family will be denied the sacraments or participation in these classes. Please contact the priest directly if you have any questions.

I understand the importance of being involved in the life of the parish and will strive to be a good steward of the gifts God has given me, I agree to pay any fees incurred for my child to attend Religious Education and Sacramental Prep classes or will contact the priest to make other arrangements if needed.

Initials: _____ Date: ____/____/_____

Photo/Video Release: Throughout the year, pictures or videos may be taken which may be posted in publications, websites, or other materials produced by Immaculate Conception Parish, Catholic Bishop, or the Catholic Diocese of Spokane. Parents/guardians who do not wish their child to be photographed or filmed should notify the parish office in writing and the child's catechist. Please note the office has no control over the use of photographs or films taken by the media or other non-controlled outside resources that may cover any event in which your child participates.
I give my consent for my child's picture or video to be used in publications, websites, or other materials produced by Immaculate Conception Parish or the Catholic Diocese of Spokane.

Initials: _____ Date: ____/____/_____

Medical Release: I understand that my child will be under the supervision of volunteers from Immaculate Conception Parish. In case of a medical or dental emergency, I give my consent and authorization for any necessary treatment, including treatment by a licensed physician or dentist, and transfer to any hospital reasonably accessible. The following information is provided for any licensed physician, dentist, or hospital not having access to my child's medical history. All medical release information will be kept strictly confidential.

Allergies: _____

Medications: _____

Family Physician: _____ Phone #:_____

Medical Insurance Provider: _____ Policy #:_____

I shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. In consideration of my child's participation in this program, I release, discharge, and agree to hold harmless Immaculate Conception Parish and the Catholic Bishop and/or Diocese of Spokane, their agents, employees, and volunteers from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child while participating in this program.

Authorization: I authorize these individuals to drop off and pick up my child for Religious Education classes:

Last Name: _____ First Name: _____Phone number: _____
☐ Emergency Contact ☐ Drop Off/Pick Up

Last Name: _____ First Name: _____Phone number: _____
☐ Emergency Contact ☐ Drop Off/Pick Up

I have thoroughly read this release statement and sign voluntarily with knowledge of its terms and conditions.

_____ _____ ____/____/_____
Print Parent/Guardian Name Parent/Guardian Signature Date