

STUDENT REGISTRATION FORM

THE IMMACULATA FAMILY-CENTERED FAITH FORMATION PROGRAM

STUDENT INFORMATION *(Please fill out a separate form for each student)*

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: _____ Date of Birth: _____ Grade in September 2022: _____

Please check Sacraments already received: Baptism (Date: _____) 1st Reconciliation (Date: _____)

1st Eucharist (Date: _____) Confirmation (Date: _____)

PLEASE NOTE: If baptized, a baptismal certificate is required for all students entering the Religious Education program.

Special Needs: *(Please list any allergies, physical or learning disabilities or chronic illnesses such as asthma or diabetes):* _____

PARENT/PRIMARY CONTACT

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Religion: _____ Relationship to Student: _____

PARENT/SECONDARY CONTACT *(if applicable)*

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Religion: _____ Relationship to Student: _____

EMERGENCY CONTACT INFORMATION *(Other than above)*

First Name: _____ Last Name: _____

Cell Phone: _____ Email Address: _____

TUITION FEES: 1 Child = \$50.00 2 Children = \$75.00 3+ Children = \$100.00
ADD'L FEES: 1st Communion Materials = \$25.00 Confirmation Materials = \$75.00

*For your convenience, cash, check, credit card, and Online Giving payment methods are accepted. Please make checks payable to: **The Immaculata Church**. Credit card payments may be made in the parish office or over the phone. Please use "Religious Ed Tuition" fund for Online Giving payments.*

Baptism Certificate Received: _____

FOR OFFICE USE ONLY:

	QTY.	AMT. DUE
Number of children:	_____	\$ _____
1st Communion materials:	_____	\$ _____
Confirmation materials:	_____	\$ _____
TOTAL DUE:		\$ _____
TOTAL PAID:		\$ _____
Ck. # _____	Cash _____	Credit Card _____
		Online _____

EMERGENCY MEDICAL, LIABILITY, & PHOTO RELEASE STATEMENT
THE IMMACULATA FAMILY CENTERED FAITH FORMATION PROGRAM
2022-2023

STUDENT NAME: _____

TODAY'S DATE: _____

Please Initial

I, the parent or legal guardian of child listed above, give permission for him/her to participate in The Immaculata's Family Centered Faith Formation program. I understand reasonable safety precautions will be taken at all times by The Immaculata and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility of risk. **I agree not to hold The Immaculata, its leaders, employees or volunteers** liable for damages, losses, diseases, or injuries incurred by the child listed above.

I hereby authorize my child to be transported to a medical facility and receive treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me .

I understand that, as parent and/or legal guardian, I remain legally responsible for any actions taken by my child. I/my child agrees to abide by all rules and regulations outlined for participation in the program. I/my child will show respect for agents of The Immaculata, the property visited, and adhere to all safety rules. I understand and agree that The Immaculata will not be held liable if my child fails to cooperate with said regulations and that repeated infractions of the rules may result in dismissal from the program.

I hereby authorize The Immaculata to use photographs, videos, or other likenesses of my child for memorializing my child's participation therein as well as for promotional purposes in parish publications and/or on The Immaculata's website.

By initialing this box, I DO NOT authorize any photos, videotapes, voice recordings or internet distribution of my child.

*****EMERGENCY INFORMATION*****

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone 1 #: _____ Cell Phone 2 #: _____

Family Physician: _____ Phone: _____

Medical Insurance: _____ Policy No: _____

Is the participant taking any over the counter or prescriptions drugs? Please list: _____

Please list any allergies to medication or foods: _____

Emergency Contact #1 (other than parent): _____ Relationship: _____

Cell Phone: _____

Emergency Contact #2 (other than parent): _____ Relationship: _____

Cell Phone: _____