

# 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 2025: \_\_\_\_\_

Please check Sacraments already received:

☐ Baptism (Date: \_\_\_\_\_) (Church/City/State: \_\_\_\_\_)

☐ 1st Reconciliation (Date: \_\_\_\_\_)     ☐ 1st Eucharist (Date: \_\_\_\_\_)     ☐ Confirmation (Date: \_\_\_\_\_)

**PLEASE NOTE: If baptized, a baptismal certificate is required for all students preparing for a Sacrament.**

### PARENT/PRIMARY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### PARENT/SECONDARY CONTACT *(if applicable)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**TUITION FEES:** 1 Child = \$65.00     2 Children = \$90.00     3+ Children = \$115.00  
**ADD'L FEES:** 1st Communion Materials = \$25.00     Confirmation Materials = \$100.00

*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.*

#### FOR OFFICE USE ONLY:

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

# EMERGENCY MEDICAL, LIABILITY, & PHOTO RELEASE STATEMENT

## THE IMMACULATA FAMILY CENTERED FAITH FORMATION PROGRAM

### 2025-2026

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 web-site.

☐

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: \_\_\_\_\_

Special Needs: (Please list any allergies, physical or learning disabilities or chronic illnesses such as asthma or diabetes, etc.): \_\_\_\_\_

Emergency Contact #1 (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact #2 (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***My signature below indicates all of the above information to be true to the best of my knowledge.***

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_