2026-2027 **CLASS ASSIGNED: _____**

STUDENT REGISTRATION FORM

THE IMMACULATA FAMILY FAITH FORMATION PROGRAM

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

First Name: _____ Middle Name: _____ Last Name: _____

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

Gender: _____ Date of Birth: _____ Grade in September 2026: _____

Please check Sacraments already received:

☐ Baptism (Date: _____) (Church/City/State: _____)

☐ 1st Reconciliation (Date: _____) ☐ 1st Communion (Date: _____)

Is your child preparing for First Communion or Confirmation? ☐ ***Yes*** ☐ ***No***

If yes, please provide a copy of their baptism certificate by October 1st

FATHER'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

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

Cell Phone: _____ Email: _____

Religion: _____

MOTHER'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

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

Cell Phone: _____ Email: _____

Religion: _____ Mother's Maiden Name: _____

PRIMARY CONTACT: ☐ Mother ☐ Father ☐ Other

If Other: Name: _____ Relationship to student: _____

Email Address: _____ Cell Phone: _____

FOR OFFICE USE ONLY:

Religious Ed Fee	$ _____
1st Communion materials:	$ _____
Confirmation materials:	$ _____
Total Due:	$ _____
Total Paid:	$ _____

TUITION FEES:

1 Child = $65.00
2 Children = $90.00
3+ Children = $115.00
1st Communion materials = $25.00
Confirmation materials = $100.00

EMERGENCY MEDICAL, LIABILITY, & PHOTO RELEASE STATEMENT
THE IMMACULATA FAMILY CENTERED FAITH FORMATION PROGRAM
2026 –2027

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 <u>DO NOT</u> authorize any photos, videotapes, voice recordings or internet distribution of my child.

**********EMERGENCY INFORMATON**********

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: _____