

IMMACULATE CONCEPTION CATHOLIC CHURCH

FAITH FORMATION K - 12 REGISTRATION 20____ - 20____

If attending Immaculate Conception, but not registered with the parish, please complete the Parish Registration Form that can be obtained in the narthex of the church, the parish office or on the webpage

Please Print

Date: _____

Father/Guardian's Full Name: _____
Last Name First Name

Mother/Guardian's Full Name: _____
Last Name First Name

Mother's maiden name: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Her Cell: _____ His Cell: _____

E-mail: _____

Emergency Contact if above cannot be reached: _____ Phone: _____

List ALL children you are enrolling in the Faith Formation K-12 Program Check Sacraments Received

First Name	Last Name (if different)	Grade	Birthday	Baptism	Reconciliation	Eucharist	Confirmation	Allergy/ Special Needs

_____ My Child/Children were enrolled in religious education classes last year at Immaculate Conception

_____ My Child/Children were enrolled last year at _____ Parish

_____ My Child/Children were not enrolled in religious education classes last year

Child must have been enrolled in the appropriate religious education / faith formation class for at least one year PRIOR to entering a sacramental preparation class for First Communion or Confirmation.

If child is preparing for First Communion or Confirmation, please complete back of this form.

Registration Fees:

1 child \$50.00
2 children \$100.00
3 or more children \$150.00

Office use Only

ID #: _____ Paid: \$ _____

Date: _____ Ck #: _____

Added to Formation: _____

Please Complete for Each Child Preparing for First Communion or Confirmation

(If baptized at Immaculate Conception, only the child's name, church name, and date of baptism need to be completed)

Baptism Name: _____
First Middle Last

Place of Birth: _____ Date of Birth: _____
City State

Church of Baptism: _____ Date of Baptism: _____
Name

Church Address: _____
City State

Father's Full Name: _____
(as shown on Baptism Certificate) First Middle Last

Mother's Full Name: _____
(as shown on Baptism Certificate) First Middle Maiden

Baptism Name: _____
First Middle Last

Place of Birth: _____ Date of Birth: _____
City State

Church of Baptism: _____ Date of Baptism: _____
Name

Church Address: _____
City State

Father's Full Name: _____
(as shown on Baptism Certificate) First Middle Last

Mother's Full Name: _____
(as shown on Baptism Certificate) First Middle Maiden

If NOT baptized at Immaculate Conception in Clarksville TN, please attach copy of Baptism Certificate

For information and updates please check our Facebook page: **"ICC Office of Faith Formation"**

or sign up to receive updates, please text **ICCUPDATES** to **84576** and check **ICC Faith Formation Updates**