Faith Formation Registration Form St. Boniface & Immaculate Conception Catholic Churches

1st Grade through Confirmation 2025-2026

(Preschool, Kindergarten, and Post-Confirmation Registrations are separate)

Classes are held on Wednesday nights from <u>6:15 – 7:30pm</u> at the ICC Parish Center: 109 Angel Ave NW, Watertown, MN 55388. See handbook for complete schedule.

Registration Due: <u>Sunday</u>, <u>September 7, 2025</u> (Register by June 30 to receive Early Bird Discount)

Family Information

| | | | <u>r amm</u> | <u> </u> | | | | | | |
|----------------|------------------------------------------------------------|--------------|----------------------------------|---------------|--------------------------------------------------------|-------------------|-------------|-----------------|--|--|
| Reg | istered Parishioners at: I | mmacula | ate Concep | tion; | ☐ St. Boni | face; | □ Non-Paris | shioner | | |
| <u>Father</u> | | | | | Mother | | | | | |
| Nan | ne: | | | Na | me: | | | | | |
| (Last) (First) | | | | | (Last) (First) | | | | | |
| Address: | | | | Ad | Address (if different): | | | | | |
| Cell Phone: | | | | Cel | ll Phone: | | | | | |
| E-Mail: | | | | | E-Mail: | | | | | |
| Ok to | share email with your child's catechist? | ☐ Yes | □ No | Ok t | Ok to share email with your child's catechist? Yes No | | | | | |
| Religion: | | | | | Religion: | | | | | |
| - | rents are separated, please instodial parent is remarried, | | ve full nam | * * | e: | | | | | |
| | | | tes of Sacraments Received Grade | | | | | | | |
| # | Student(s): First, Last Name | Sex (M/F) | Date of Birth | Baptism | Eucharist | Confir- mation | School | (2025- 2026) | | |
| 1 | | | | | | | | | | |
| Alle | rgies, Medical Conditions, Special Needs | : | | 1 | - | | | 1 | | |
| 2 | | | | | | | | | | |
| Alle | rgies, Medical Conditions, Special Needs | : | | • | - | ' | | - 1 | | |
| 3 | | | | | | | | | | |
| Alle | rgies, Medical Conditions, Special Needs | : | | | | | | | | |
| 4 | | | | | | | | | | |
| Alle | rgies, Medical Conditions, Special Needs | : | | | | | | | | |
| 5 | | | | | | | | | | |
| | rgies, Medical Conditions, Special Needs | : | | | | | | | | |
| 6 | | | | | | | | | | |
| | rgies, Medical Conditions, Special Needs | : | | 1 | l | | | | | |
| Δ d.d. | tional information which wou | ld he helr | iful in teachi | ng vour chil | d(ren): | | | | | |
| Auu | monai information which wou | ia oc nei | riui III leaciii | ng your cilli | u(1011). | | | | | |

Tuition and Payment Information

St. Boniface Parishioners: Make Checks Payable to: <u>St. Boniface Catholic Church</u>
ICC Parishioners & Non-Parishioners: Make Checks Payable to: <u>Immaculate Conception Catholic Church</u>
Please Note: <u>7th and 8th Grades</u> will BOTH be starting Year 1 Confirmation prep in 2025-2026.

| | | | | | 1 | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------|---------------------|-----------------------------------------|----------|------------------|---------------|--|--|--|--|
| LINE | FEE | QUANTITY | | AMOUNT | | SUBTOTAL | TOTAL | | | | |
| 1 | Student(s) PARISHIONER 1st Grade thru Confirmation | | x | \$80.00 | = | \$ | | | | | |
| | Student(s) NON-PARISHIONER | | | #120.00 | = | . | | | | | |
| 2 | 1 st Grade thru Confirmation | | X | \$130.00 | | \$ | | | | | |
| 3 | Calculate Total of Lines 1 and 2. If less than family cap amount (\$210 for parishioners, | | | | | | | | | | |
| | \$350 for non-parishioners) enter total on Line 3. Otherwise enter family cap amount. | | | | | | \$ | | | | |
| 4 | Additional Sacramental Fees | | х | \$70.00 | = | | \$ | | | | |
| | (2 nd grade, Yr1 or Yr2 Confirmation) | | | | | | | | | | |
| SUBTOTAL: | | | | | | | | | | | |
| Early | Bird Discount: Register On or Before Ju | ne 30, 2025 | for \$ | 25.00 off you | r tota | tuition! (Max: | 1 per family) | | | | |
| 5 | Early Bird Discount | | X | -\$25.00 | = | | -\$ | | | | |
| Ministry Discount: If you are a regular weekly volunteer (catechist, assistant catechist, office assistant, h | | | | | | | | | | | |
| monitor, etc.) you are eligible to take the ministry discount (\$50 off your total tuition). Max: 1 per f | | | | | | | | | | | |
| 6 | Ministry Discount | | X | -\$50.00 | = | | -\$ | | | | |
| | | I | 1 | GRAND | TO | TAL DUE: | \$ | | | | |
| **No one will be denied involvement in this program due to inability to pay full tuition. If you need assistance, please | | | | | | | | | | | |
| contact the Faith Formation office at 952-767-7309 or e-mail discipleship@iccwatertown.org | | | | | | | | | | | |
| Emergency Information: If a child needs emergency care, we will call 911 and notify parents immediately. No | | | | | | | | | | | |
| | l insurance is provided by the Parish or Ar | • | , , , , , , | | iouily j | | .e.j. 110 | | | | |
| Contact | t person if parents cannot be reached: | | | | | | | | | | |
| Name: | | | Relationship: | | | | | | | | |
| | Cell Phone: | | Alternate Phone: | | | | | | | | |
| | | | | | | | | | | | |
| Family Physician's Name: Phone: | | | | | | | _ | | | | |
| In the e | event of an emergency and I cannot be con- | tacted, I hereby | auth | orize that emer | gency | treatment be adr | ninistered. | | | | |
| Parent | t Guardian Signature: | | | | | | | | | | |
| 1 41 011 | Name | | | | | Date | | | | | |
| We understand St. Boniface and Immaculate Conception Catholic Church's Faith Formation policies and | | | | | | | | | | | |
| choose | to enroll our children in the program a | and abide by t | hese | policies. | | - | | | | | |
| Parent/Guardian Signatures: | | | | | | | | | | | |
| | - | | | | | | | | | | |
| Name | Date | Na | me | | | Date | | | | | |
| **To complete your registration, please ensure the following forms are filled or | | | | | | | | | | | |
| □ Faith Formation Registration Form □ Image Photo & Original Works Release Form | | | | | | | | | | | |
| | ONE (1) PER FAMILY | | ONE (1) PER STUDENT | | | | | | | | |
| ☐ Full Family Participation Form | | | | ☐ Electronic Communication Consent Form | | | | | | | |
| | ONE (1) PER FAMILY | | (op | tional) GRADE | S 7 & | UP: ONE (1) PEF | R STUDENT | | | | |
| EOD OFFICE USE ONLY. Assessment also | | | | | | | | | | | |

_____ Cash: _____ Date Received: _____