

Does your child need special help/attention or have special needs? Please be specific, i.e.allergies, hearing, vision, speech, ADHD, ADD, autism or other.

WILL YOU VOLUNTEER IN THE PROGRAM: AS A CATECHIST? _____ SUB? _____ OTHER? _____

Are you willing to be a Group Leader for Children’s Liturgy of the Word at 10:00am Mass on Sunday? (training provided)
Name _____ Telephone _____

If you are registering children for the first time, indicate date and place of Baptism for each child. PLEASE ATTACH A COPY OF THE BAPTISM CERTIFICATE IF BAPTISM WAS NOT AT IMMACULATE CONCEPTION.

<u>Name</u>	<u>Date of Baptism</u>	<u>Place of Baptism</u>
_____	_____	_____
_____	_____	_____

Tuition: Please make checks payable to Immaculate Conception Church. Tuition fees help provide teaching and activity materials, books, videos, hospitality and help to heat, light and maintain our building.

REGISTRATION FEE K-8: 1 Student \$60 2 Students \$70 3+ Students \$80

CONFIRMATION FEE Grade 9: \$60

In addition to tuition and fees, non-parishioners will be charged a \$30 non-parishioner fee per family.

Payment in full enclosed \$ _____

One-half of Payment now \$ _____

Balance Paid by January 1 \$ _____

FOR OFFICE USE ONLY:

Registration Date: _____	Payment Date: _____	Amount: _____	Check # or Cash: _____	Received by: _____
	Payment Date: _____	Amount: _____	Check # or Cash: _____	Received by: _____