

**IMMACULATE CONCEPTION RELIGIOUS EDUCATION
510 OAKWOOD AVENUE
EAST AURORA, NY 14052
655-0067
RE-REGISTRATION FORM**

PARENT NAME _____ PHONE NO. _____
(last name) (first name)

ADDRESS _____ ZIP CODE _____

(MR./MRS.) (DR./MRS.) (MR. ONLY) (MRS. ONLY) (MS. ONLY) circle one

Are you a registered member of Immaculate Conception Parish? _____

**(IF YOU HAVE A CHILD ENTERING THE PROGRAM FOR THE FIRST TIME,
PLEASE CALL THE RELIGIOUS EDUCATION OFFICE FOR A NEW STUDENT
REGISTRATION FORM)**

<u>Child's Name</u>	<u>Grade in September</u>	<u>Grades 6 - 9 Tues. / Thurs</u>
1. _____		
2. _____		
3. _____		
4. _____		

EMERGENCY CONTACT PERSON / TELEPHONE NUMBERS:

Relative/Friend _____
Mother's Cell/work _____
Father's Cell/work _____
Email _____

TUITION FEE (received **by** June 15th).

\$40.00 - 1 child
\$75.00 - 2 children
\$100.00 - 3 or more children

SACRAMENT FEE

(Gr. 2) Reconciliation - \$25.00 per child
(Gr. 3) Eucharist - \$25.00 per child
(Gr.10) Confirmation - \$25.00 per child

\$15.00 late fee AFTER June 15.

Please indicate the area you are willing to volunteer your assistance:

_____ Catechist _____ Classroom Assistant _____ Substitute Teacher _____ Hall Monitor
_____ Parking Lot Monitor

Please inform us of any medical or learning problems that may bear on the student's learning or behavior. (Ex.allergies, reading problems, ADD, etc.) **This will be kept confidential.** Thank you.