Immaculate Conception Religious Education **NEW STUDENT REGISTRATION**
510 Oakwood Avenue
East Aurora, NY 14052 655-0067

NAME_____ **PHONE NO.**_____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY ZIP CODE

DATE OF BIRTH_____ **Circle one - MALE / FEMALE**

FATHER'S NAME _____ **RELIGION**_____

MOTHER'S NAME_____ **RELIGION** _____
FIRST NAME ***MAIDEN NAME***

ADDRESS TO: (MR./MRS.) (DR./MRS.) (MR. ONLY) (MRS. ONLY) (MS. ONLY)

ARE YOU A REGISTERED MEMBER OF IMMACULATE CONCEPTION PARISH? _____

Name of school & grade your child is attending in September.	Grade for Religious Ed.	Grade 6 – 9 indicate Tues. or Thurs.
_____	_____	_____

(PLEASE ENCLOSE A *COPY* OF THE BAPTISMAL CERTIFICATE IF NOT BAPTIZED AT IMMACULATE CONCEPTION PARISH.)

SACRAMENTS RECEIVED:

Parish, City, & Date of Baptism _____
Parish, City, & Date of Penance _____
Parish, City, & Date of Eucharist _____

EMERGENCY TELEPHONE NUMBERS:
PLEASE GIVE NAME/PHONE #
Relative/Friend _____
Mother's Cell/Work _____
Father's Cell/Work _____
Email_____

TUITION FEE
$40.00 - per child
$75.00 - 2 children
$100.00 - 3 or more children

SACRAMENTAL FEE
(Gr. 2) Reconciliation - $25.00 – per child
(Gr. 3) Eucharist - $25.00 – per child
(Gr.10) Confirmation - $25.00 – per child

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