

Immaculate Conception Catholic Church

Catechesis of the Good Shepherd Registration 2018-2019 For Children up to 6th Grade

You may submit your completed registration electronically by hitting the SUBMIT button at the bottom of the page (this will attach the form to an email -it may be saved as a draft) or saving a copy and emailing it to ellism@icdurham.org. Check or cash payments can be made in person or by mail (we are not able to accept credit card payments at this time).

FAMILY INFORMATION

Family Last Name _____ Family E-mail _____
 Address _____ Home Phone ____-____-____
 Father's Full Name _____ Work Phone ____-____-____ Cell Phone ____-____-____
 Mother's Full Name _____ Work Phone ____-____-____ Cell Phone ____-____-____

CHILDREN'S INFORMATION

Child's Full Name	Birth Date	School Grade as of <i>September 2018</i>	Sacraments Received	Pursuing this Year
			Baptism: Catholic Baptism: Protestant 1 st Communion	Baptism 1 st Communion Special Needs
			Baptism: Catholic Baptism: Protestant 1 st Communion	Baptism 1 st Communion Special Needs
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SESSION AND LEVEL REQUESTS

***** Please write children's names with a 1 for 1st choice and a 2 for 2nd choice *****

Placement is not guaranteed and may depend on payment, class sizes, and other constraints

	Level 1 (Age 3-Kindergarten)	Level 2 (1 st and 2 nd Grades)	Level 3 (Grades 3-5 & Returning 6 th Graders)
TUESDAY 4:00-5:30 PM	XXXXXXXX		
TUESDAY 6:00-7:30 PM	Bilingual		
WEDNESDAY 4:00-5:30 PM			POST 1 ST COMMUNION ADVANCED
WEDNESDAY 6:00-7:30 PM	SPANISH		
THURSDAY 5:00-6:30 PM			
FRIDAY 6:00-7:30 PM	SPANISH	Bilingual	SPANISH
SATURDAY 10:30 AM-12:00 PM	SPANISH	Bilingual	

Note: Atria **for children with special needs** may be offered with dates and times to be determined.
 Please contact the Faith Formation Office if you have children with learning differences.

FIRST COMMUNION REQUIREMENTS

1. The family must be registered and participating members of our Immaculate Conception Catholic Parish.
2. The child must have received the sacrament of Baptism; you must submit a copy of the baptismal certificate. If the child has not yet been baptized, contact the Faith Formation Office as soon as possible.
3. The child must be in second grade or older.
4. The child must be in their second year (or more) of catechesis (faith formation).

I would like to prepare my child or children to celebrate First Sacraments (Reconciliation and Eucharist) this year:

Name: _____ Year Baptized: ____ at Parish: _____

Name: _____ Year Baptized: ____ at Parish: _____

PHOTO AUTHORIZATION

There may be times throughout the year in which your child's photo may be taken individually or with a group. These photos are sometimes displayed in the Church or used on our parish web site. No names will be used in connection with these photographs. Please indicate permission for each child. If not checked it will be assumed photos are permitted.

Name of Child	Parish Website		Church Displays	
	Yes	No	Yes	No

CHILD PROTECTION

The diocesan office of Child and Youth protection has mandated that all volunteers who work directly with children or youth in our parish be subject to full and complete background checks. This procedure will seek to ensure the safety of young people in our care. All parents/guardians are requested to fill out the volunteer questionnaire form which will be presented at CGS orientation at the beginning of the catechetical year (in September.) Parents who do not fill out this form will not be allowed to enter any faith formation room or volunteer for any activity where children other than their own are present.

MEDICAL AND ALLERGY INFORMATION

Name of Child	Medical Condition	Allergy/Dietary Restrictions	Special Needs

Family Medical Insurance Company _____ ID/Policy Number _____

Emergency Contact (other than parent) _____ Phone Number ____ - ____ - _____

FEES

Registration Fee for Child 1: \$50; Additional children: \$25 per child (Level 1, 2 & 3 only)	\$
Sacraments Materials and Assemblies Fee \$90 for each child during the year they receive First Sacraments	\$
<i>Catechist Volunteer Discount</i>	- \$50
<i>No family will be excluded for financial reasons. Contact the Faith Formation Office if money is an issue.</i>	-
TOTAL AMOUNT DUE	\$

OFFICE USE ONLY

Date Received:	Amount Paid:	Check #	Balance Due:

I give permission for my child, in case of an emergency, to be taken to a physician or hospital by Immaculate Conception parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the emergency physician to hospitalize and secure proper treatment for my son or daughter.

Signature of Parent/Guardian _____ Date _____