**Immaculate Conception Catholic Church**

**Catechesis of the Good Shepherd Registration 2019-2020**

**For Children up to 6th Grade**

|  |
| --- |
| **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 ***September 2019*** | Sacraments *Received*  | *Pursuing* *this Year*  |
|  |  |  | Baptism: CatholicBaptism: Protestant 1st Communion  | Baptism1st Communion   |
|  |  |  | Baptism: CatholicBaptism: Protestant 1st Communion  | Baptism1st Communion  |
|  |  |  | Baptism: CatholicBaptism: Protestant 1st Communion  | Baptism1st Communion  |
|  |  |  | Baptism: CatholicBaptism: Protestant 1st Communion  | Baptism1st Communion  |

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

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** |
|  |  **Yes No** |  **Yes No** |
|  |  **Yes No** |  **Yes No** |
|  |  **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 $**90 for each child during year they receive First Sacraments  | **$** |
| ***Catechist Volunteer Discount*** | **- *$50*** |
| ***No family will be excluded for financial reasons. Contact the Faith Formation Office if money is an issue.*** | **-**  |
| **TOTAL AMOUNT DUE** | **$** |
| **OFFICE USE ONLY** |
| **Date Received:** | **Amount Paid:** | **Check #** | **Balance Due:** |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_**