Immaculate Conception Catholic Church 510 Saint James Avenue Goose Creek, SC 29445

Faith Formation Registration Form 2020 – 2021

Family Information

Fathers Name: _____
First Last

Mothers Maiden Name: _____
First Last

Address: _____

City, State, Zip: _____

E-Mail: _____

Home Phone: _____ **Cell Phone:** _____
Preferred method of contact (circle) Mail Phone E-Mail

Please circle the session your family prefers:
8:15-9:15 (K4-6th grade)
10:15-11:15 (K4-6th grade)

MONDAY NIGHT
Confirmation Years 1 and 2 Mondays 7pm
YMP Grades 6-12 Sundays 6-8pm

Student Information

Student Name: _____ **Date of birth:** ___/___/_____
First Middle Last

Age: ____ **Male/Female** **Grade:** ____ **Confirmation I** _____ **Confirmation II**_____
YMP _____

If Child needs to be Baptized, please check box: ☐
Date of Baptism: ____/____/____ **Date of Communion:** ____/____/____
Baptismal Church:_____ **Church for 1st Communion**_____
Food Allergies: Yes/No
If Yes, please list: _____

Any special needs, illnesses or additional information: _____
_____

Student Name: _____ **Date of birth:** ___/___/_____
First Middle Last

Age: ____ **Male/Female** **Grade:** ____ **Confirmation I** _____ **Confirmation II** _____
YMP _____

If Child needs to be Baptized, please check box: ☐
Date of Baptism: ____/____/____ **Date of Communion:** ____/____/____
Baptismal Church:_____ **Church for 1st Communion**_____
Food Allergies: Yes/No
If Yes, please list: _____

Any special needs, illnesses or additional information: _____
_____

Student Name: _____ **Date of birth:** ___/___/_____
First Middle Last

Age: ____ **Male/Female** **Grade:** ____ **Confirmation** _____ **Confirmation** _____
YMP _____

If Child needs to be Baptized, please check box: ☐
Date of Baptism: ____/____/____ **Date of Communion:** ____/____/____
Baptismal Church:_____ **Church for 1st Communion**_____
Food Allergies: Yes/No
If Yes, please list: _____

Any special needs, illnesses or additional information: _____

_____

Student Name: _____ **Date of birth:** ___/___/_____
First Middle Last

Age: ____ **Male/Female** **Grade:** ____ **Confirmation** _____ **Confirmation** _____
YMP _____

If Child needs to be Baptized, please check box: ☐
Date of Baptism: ____/____/____ **Date of Communion:** ____/____/____
Baptismal Church:_____ **Church for 1st Communion**_____
Food Allergies: Yes/No
If Yes, please list: _____

Any special needs, illnesses or additional information: _____

_____

Families registering by July 31, 2020 receive a $10 discount

There is a Family Fee of $40, plus a $15 per child book fee, not to exceed a total of $90

Number of students registered _____ **X $15= $**_____ **+ $40 = $**_____

Make checks payable to ICREP (Immaculate Conception Religious Education Program)

If your child is going into a Sacrament Class (First Communion (typically 2nd Grade) or Confirmation, you must turn in the child's Birth Certificate and Baptism Certificate with registration form.

For Office Use:
Parish Member Confirmed _____
Payment plan: _____

_____

Initials _____
Book Fee Received _____ _____ *$* _____
Date ***CK#*** ***Amount***
Family Fee Received _____ _____ *$40*
Date ***CK#***