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:
10:00-11:00 (K4-6th grade)

MONDAY NIGHT
Confirmation Years 1 and 2
Mondays 7pm

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

Here are the rates for Faith Formation.
1 Child = $55
2 Children = 70
3+ Children = 85

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 Received: _ _____
Check# _____

Initials _____