

**Immaculate Conception Faith Formation**  
**Mailing Address: 211 Summit Street, Norwood, NJ 07648**  
**Office: 201-768-1771 / Fax: 201-768-7776**  
Email: [icc\\_ccd@yahoo.com](mailto:icc_ccd@yahoo.com) Website: [www.iccnorwood.org](http://www.iccnorwood.org)

**THIS FORM IS TO BE USED FOR ALL FAITH FORMATION REGISTRANTS GRADES 1 THROUGH 7**

**Registration Fee: \$50 per child / \$150 maximum per family**

**THERE WILL BE A \$25 LATE FEE FOR ALL RE-REGISTRANTS FILING AFTER JUNE 23, 2017**

(Anyone experiencing financial hardships may contact Fr. Leo. All communications will be confidential)

Please make checks payable to *ICC FAITH FORMATION*

**INSTRUCTIONS:** New Family and/or Student Registrants: Complete Section 1, 2 and 3  
Re-Registrants: Complete Section 1 and 3

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**Section 1 \* REGISTRATION FORM (for returning AND new students) \***

Child's Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ Grade in Sept. 2017 \_\_\_\_\_

Child's Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ Grade in Sept. 2017 \_\_\_\_\_

Child's Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ Grade in Sept. 2017 \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_ mother / father

Emergency Contact (Name): \_\_\_\_\_ Telephone: \_\_\_\_\_

Family E-mail(s): \_\_\_\_\_

ALLERGIES / SPECIAL CLASSROOM NEEDS: \_\_\_\_\_

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**RE-REGISTRANTS – PROCEED TO SECTION 3      NEW REGISTRANTS – PROCEED TO SECTION 2**

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**Section 2 \* NEW REGISTRATION FORM (for New Students) \***

**PLEASE COMPLETE ALL INFORMATION IN SECTION 1 AND SECTION 2.** This form and accompanying certificates **MUST BE SUBMITTED IN PERSON.** You must schedule an appointment with Louise Lucivero to welcome your family and/or child to the Faith Formation program and she will provide additional information to you. Please call 201-768-1771 to schedule an appointment. Your call will be returned as soon as possible.

Child's Date of Birth: \_\_\_\_\_ City and State of Birth \_\_\_\_\_

**Date and Parish of Baptism\* (including city/state)** \_\_\_\_\_

**Date and Parish of 1<sup>st</sup> Communion\* (including city/state)** \_\_\_\_\_

**\*You must provide a copy of these certificates if not done at Immaculate Conception in Norwood**

Father's Full Name: \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**PLEASE COMPLETE AND SIGN SECTION 3**

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**Section 3 \* ALL REGISTRATIONS \***

**PARENT SERVICE:** The children's Faith Formation program is a **PARENT COOPERATIVE EFFORT.** Please sign up for an activity below if at all possible.

Catechist\_\_\_\_ Class Parent\_\_\_\_ Substitute Teacher\_\_\_\_ Grade(s)\_\_\_\_ Substitute Hall Monitor\_\_\_\_ (Gr. 1-5 only)

**I HAVE RECEIVED AND READ THE PARENT HANDBOOK** \_\_\_\_\_

PARENT SIGNATURE

DATE