

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 Website: 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 15, 2018

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

Please make checks payable to *ICC FAITH FORMATION*

INSTRUCTIONS: NEW FAMILY or NEW STUDENT REGISTRATIONS: Complete Section 1, 2 and 3
RETURNING STUDENTS: Complete Section 1 and 3

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: _____

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

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 1st 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

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 ___ Hall Monitor (Gr. 1-5) ___ Substitute Hall Monitor ___

I HAVE RECEIVED AND READ THE PARENT HANDBOOK _____

PARENT SIGNATURE

DATE