

**IMMACULATE CONCEPTION CHURCH**  
***Office of Religious Formation***

INSTRUCTIONS FOR COMPLETING  
REGISTRATION FORM  
FOR RELIGIOUS FORMATION CLASSES  
**2009 ~ 2010**

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1. **PLEASE PRINT.**
2. Include name of Church/Parish where you are currently registered.
3. Include Baptismal Certificate ONLY:
  - a. If ***not*** baptized at Immaculate Conception Church
  - b. Include date of baptism if baptized at Immaculate Conception Church.
4. Include EMAIL ADDRESS.
5. Include Emergency Contact person's name and telephone number: -- Must be someone OTHER than yourself or your husband.
6. Include your Maiden Name (name before you were married to your husband.)
7. Select day and time of class. (Include second choice.)
8. Include registration fee of \$100.00 per child.

Checks should be made payable to ***Immaculate Conception Church.***  
Cash will be accepted.

9. **LATE FEES:** After June 1, 2009 -- \$25.00\*

After July 1, 2009 - \$50.00\*

After August 1, 2009 - \$75.00\*

After September 1, 2009 - \$100.00\*

- ***\*Per Family***

Additional questions? Call 908.725.1112, Ext 1119

**IMMACULATE CONCEPTION CHURCH ~ 35 Mountain Avenue Somerville, NJ 08876**

**Office of Religious Formation ~ REGISTRATION 2009-2010**

Parish/Church Where You Are Registered: \_\_\_\_\_ New to Program? \_\_\_\_\_  
[www.immaculateconception-somerville.org](http://www.immaculateconception-somerville.org) T. 908.725.1112, Ext 1119 F.908.725.6269

**CHILD INFORMATION:**

<b>FIRST NAME:</b>	<b>MIDDLE:</b>	<b>LAST NAME:</b>
<b>Date of Birth:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Birthplace: (City and State) _____		
<b>HOME ADDRESS:</b> _____		
City _____	State _____	Zip Code _____
School Attending: _____	Grade Entering in Sept 2009 _____	
Religious Formation Grade: _____	Assigned to: _____	
<b>SPECIAL NEEDS: (Medical, Disabilities – Learning/Physical)</b>		

**PARENT/GUARDIAN INFORMATION:**

Father's Name: _____	Father's Religion: _____		
Mother's First Name: _____	Mother's Maiden Name: _____		
Mother's Religion: _____			
Language Spoken at Home: _____			
Child lives with: Mother & Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
<b>EMAIL ADDRESS:</b>			
Mother: _____			
Father: _____			
<b>TELEPHONE – Home:</b> _____ <b>Work:</b> _____			
Father's Cell Phone: _____			
Mother's Cell Phone: _____			
<b>EMERGENCY CONTACT NAME: (Must Not Be Parent)</b>			
<b>EMERGENCY TELEPHONE NUMBER: (Must Not Be Parent)</b>			

**SACRAMENTAL INFORMATION:**

<b>BAPTISM:</b>	Date: _____	Church: _____
Address: _____		
<b>COMMUNION:</b>	Date: _____	Church: _____
Address: _____		
<b>RECONCILIATION:</b>	Date: _____	Church: _____
Address: _____		

**SESSION REQUESTED:**

<input type="checkbox"/> Monday	Grades 1 – 8	4:00 – 5:15 p.m.
<input type="checkbox"/> Wednesday	Grades Pre-K – 6	4:00 – 5:15 p.m.
<input type="checkbox"/> Wednesday Evening	Grades 1 – 8	6:00 – 7:15 p.m.
<input type="checkbox"/> Thursday	Grades 4 – 8	4:00 – 5:15 p.m.
<input type="checkbox"/> Thursday Evening	Grades 4 – 8	6:45 – 8:00 p.m.

<b>Parent Signature:</b> _____	<b>Date:</b> _____
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**For Office Use Only**

<b>Date of Registration:</b> _____	<b>Amt. Paid:</b> _____	<b>Check No:</b> _____	<b>Cash:</b> _____
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