



Church of the Immaculate Conception
PO Box 1227
Westhampton Beach, NY 11978
Religious Education Program
religioused@iccwhb.org
631-288-4188

OFFICE USE ONLY Birth Cert () Bapt. Cert () Communion Cert. () In Computer () In Remind () Green Cards ()
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REGISTRATION 2020-2021

Child's Name: _____

Family Name if different from child: _____

Mother's Name (Incl. Maiden Name): _____ Religion: _____

Mother's place of business: _____ Phone #: _____

Father's Name: _____ Religion: _____

Father's place of business: _____ Phone #: _____

Mailing Address: _____

Home Phone: _____ Primary Cell Phone for text reminders: _____

Mom's Cell: _____ Dad's Cell: _____

Parents: married separated divorced widowed

***Please note:** If parents are separated, divorced or widowed the religious education office must have proper court documentation regarding those situations.

Who does the child/children live with: _____

Parent's Email Address: _____

Preference for Communication: (check one) US Mail Email Text

Language preference for text reminders: _____

Emergency Contact: (Someone other than parent) _____

Relationship: _____ Phone Number: _____

IF YOUR CHILD HAS ANY SPECIAL NEEDS, PLEASE LIST FOR EACH CHILD INDIVIDUALLY: Examples: allergies, learning disabilities, physical handicap, hearing or vision impaired, dietary restrictions.

CHILD'S INFORMATION

First Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____

School attending in September 2020: _____ Grade: _____

Special Needs: _____

Has the student attended classes in another parish? _____

Has the student ever attended Catholic School? (school and grades attended): _____

Please list all people who have permission to pick up your child from classes:

Please note: This list will be given to catechists and **ONLY** these people will be allowed to pick up your child at dismissal.

A copy of the child's birth certificate and baptismal certificate as well as any certificates of any Sacraments they have received is required. Transfer students must include transcripts from previous parish.

Baptism Date: _____ Church: _____
Eucharist Date: _____ Church: _____
First Reconciliation Date: _____ Church: _____
Confirmation Date: _____ Church: _____

REGISTRATION FEE

In order for the Religious Education Office to properly prepare our class lists for September, it is imperative that your form be returned to the office no later than August 1, 2020.

Levels 1, 3 thru 6

\$60.00 per child

Levels 2, 7 thru 10

\$90.00 per child

PAYMENTS MAY BE MADE WITH CASH, CHECK (made out to Immaculate Conception) OR THROUGH FAITH DIRECT WITH CREDIT CARD OR ACH DEBIT ON THE PARISH WEBSITE ICCWHB.ORG (located on the Religious Education tab).

All children are welcome – if payment is a problem or there is a financial hardship please contact the religious education office at 631-288-4188.

THINK FIRST & STAY SAFE ACKNOWLEDGEMENT

Each year, every child enrolled in a Religious Education Program, Grades 1-6, in the Diocese of Rockville Centre, will receive safety training by the use of the Think First & Stay Safe Prevention Program. Parents and Guardians will be given a Think First & Stay Safe Handbook for the purpose of reviewing the topics that are taught to your child in an age appropriate way.

___ check here for permission

___ check here to opt out

Parent Signature: _____

Date: _____

PARENT AGREEMENT

I UNDERSTAND THAT THIS FORM WILL NOT BE ACCEPTED WITHOUT BOTH PARENT'S SIGNATURES, FEE AND ANY UNPAID BALANCE PAID IN FULL (fees are preferred at time of enrollment, however a payment arrangement can be made).

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED THE FAITH FORMATION PARENT HANDBOOK. I AGREE TO ABIDE BY THE POLICIES SET FORTH IN THE HANDBOOK.

PARENT/GUARDIAN SIGNATURE #1: _____ DATE: _____

PRINT NAME _____

PARENT/GUARDIAN SIGNATURE #2: _____ DATE: _____

PRINT NAME: _____

PHOTO/VIDEO PERMISSION AND RELEASE FORM

I hereby grant permission, without reservation, to IMMACULATE CONCEPTION, and to those authorized by IMMACULATE CONCEPTION, to take photographs and to make recordings of my child or children named below, and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and/or fundraising activities of IMMACULATE CONCEPTION. I understand and agree that I am entitled to receive no compensation for the above.

I release IMMACULATE CONCEPTION, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that IMMACULATE CONCEPTION will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition. I am the parent or guardian of the minor(s) named below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Name(s) of Child/Children _____

My name: _____ Signature: _____ Date: _____

OFFICE USE ONLY:

Appointment Date: _____

Registration Fee received: ___ Cash ___ Check ___ CC/ACH Amount: _____ Date: _____

Think First & Stay Safe Handbook given _____

Notes:
