



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

OFFICE USE ONLY

In Realm ()
In Constant Contact ()
In Remind ()

Re-Registration 2025-2026

Child/Children's Information:

Child/Children's Name(s): _____

Family Name (if different from child): _____

Parent's Information:

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

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

Father's Name: _____ Religion: _____

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

Home Mailing Address:

Mom or Dad's Email Address:

Home Phone: _____ Primary cell for text reminders: _____

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

Has your Cell Phone number changed since last school year? _____

Parents: (Please circle one) *married *separated *divorced *widowed *other

Custody Information

If parents are separated/divorced, who is custodial parent? (Please circle one) *Mom *Dad *Joint Custody

Are there any custody issues we should be made aware of? _____

If there is a custody agreement or order, you will need to send a copy to the religious education office.

Emergency Contact: (Someone other than parent) _____

Relationship to child/children: _____ Phone Number: _____

Please list all people who have permission to pick up your child/children from class: _____

CHILD/CHILDREN INFORMATION

IF YOUR CHILD HAS ANY SPECIAL NEEDS, PLEASE LIST FOR EACH CHILD INDIVIDUALLY

Examples: allergies, learning disabilities, physical disabilities, hearing, or vision impaired, dietary restrictions.

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

School attending in September 2025: _____ Grade: _____

Special Needs: _____

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

School attending in September 2025: _____ Grade: _____

Special Needs: _____

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

School attending in September 2025: _____ Grade: _____

Special Needs: _____

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

School attending in September 2025: _____ Grade: _____

Special Needs: _____

REGISTRATION FEE:

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 July 31, 2025**. Please note any late registrations will incur an additional fee.

Payment is due at time of Registration.

Our registration period will close on September 2, 2025. We will be unable to accommodate registrations received after that date.

Levels 3 through 7*

\$80.00 per child received **on or before** 7/31/25

\$100.00 per child received **after** 7/31/25

Levels 1 & 2, and 8 & 9

\$110 per child received **on or before** 7/31/25

\$130 per child received **after** 7/31/25

*Additional Fees:

\$30 per child – (For Children in Older First Holy Communion Class)

Payments may be made with Cash, Check (made out to Immaculate Conception) OR through Faith Direct with Credit or Debit Card on the Parish Website: icwhb.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 FOR LEVELS 1-9

Each year, every child enrolled in a Religious Education program, in the Diocese of Rockville Centre will receive safety training by use of the Child Lures Prevention Program, Think First & Stay Safe, or Thoughtful & Safe: Life lessons. At time of initial registration, parents/guardians received a Parent Guidebook for the purpose of reviewing the topics that are taught to your child in an age-appropriate way. Please let us know if you would like another one.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

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.

YES _____ NO _____

Name(s) of Child/Children:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY:

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

Notes:

