



St. Mary of the Immaculate Conception
Faith Formation Registration Form 2016-2017

Date/Fecha: _____ Family Registration # _____

Basic Information

Family Last Name/Apellido de la Familia _____

Address/Dirección: _____ Apt #: _____

City/Ciudad : _____ Zip Code /Zona Postal _____

Home Phone /Teléfono de Casa: (_____) _____

Father/Stepfather/Padre/Padraastro : _____

Phone:(_____) _____

Father's Email/Correo Electronico: _____

Mother/Stepmother/Madre/Madrastra: _____

Phone:(_____) _____

Mother's Email/Correo Electronico: _____

Emergency Contact Person/Persona en Caso de Emergencia:

Phone:(_____) _____

Relation to Child(ren)/Parentesco _____

Which Session(s) will your child/children attend

- | | | |
|-----------------------|----------------|-------------------------|
| ____ PK-5th Grade | Sunday/Domingo | 8:45 a.m. - 9:45 a.m. |
| ____ PK-5th Grade | Sunday/Domingo | 11:15 a.m. - 12:15 p.m. |
| ____ EDGE(6-8) | Sunday/Domingo | 5:15 p.m. - 6: 45 p.m. |
| ____ Life Teen (9-12) | Sunday/Domingo | 4:00 p.m. - 6:30 p.m. |



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Individual Student Information/Información del Estudiante

**Fill out all information for each student. In the columns for sacraments, put the year the child received that sacrament.
Llene toda la información para cada estudiante. En las columnas de los sacramentos, ponga el año que el niño/a recibió el sacramento.**

First Name <i>Primer Nombre</i>	Last Name <i>Apellido</i>	Grade <i>Grado en escuela</i> 2016-17	Birth date <i>Fecha de Nacimiento</i>	Preferred Language <i>Idioma Preferido</i>	Baptized <i>Bautizado</i>	First Communion <i>Primera Comuni3n</i>	Confirmation <i>Confirmaci3n</i>	Attended CCE Last Year <i>Asisto CCE el a3o pasado</i>

PAYMENT OPTIONS/ OPCIONES DE PAGO

Select a payment method below. Please note that we reserve the right to send out reminders periodically until an account has been fully reconciled. If your family situation changes and you are in need of additional assistance, please feel free to contact us to make alternate arrangements.
Escoja una manera de pago. Por favor anote que reservamos el derecho de mandar recordatorios hasta que la cuenta sea en total. Si su situaci3n familiar cambia o necesita asistencia por favor de contactarnos para hacer arreglos.

Total Amount Due/ Total Amount Due : _____

- A _____ **Pay in full at Registration/ Pagar al tiempo de Registraci3n**
- B _____ **Pay by September 30th / Pagare el 30 de septiembre**
- C _____ **Monthly Payments/ Pagos cada mes**
Payment amount/ Cantidad de pago _____
- D _____ **Teacher/Aide** Must be VIRTUS trained / **Maestra/Ayudante.** Necesita entrenamiento del Virtus.
- E _____ **Scholarship/ Scholarship** (5 hours of community service are required. Se requiere 5 horas de servicio de comunidad.)

Payment record (office use only/ para uso de oficina) : **Family Registration #**

Date	Amount	Cash/Check Check #	Received by