



IMMACULATE CONCEPTION CHURCH

FAITH FORMATION CLASSES

Wednesdays 5:30 p.m. – 7:00 p.m.
Kindergarten – 5th grade

2014 – 2015 Registration Form

Family Name: _____

Address: _____ City: _____ Zip: _____

Mother (maiden name): _____ Phone: _____ Cell: _____

E-Mail Address: _____

Father: _____ Phone: _____ Cell: _____

Parish Member: yes no

Child's Name (last name if different): _____

Date of Birth: _____ Age: _____ Grade Entering Fall: _____ School Attending: _____

Special Concerns (medical, dietary, other): _____

Registration and Material Fees: \$35 per child or \$50 per family

Amount Due: _____ Amount Paid: _____ Cash: _____ Check #: _____

Please make checks payable to: Immaculate Conception Church (scholarships are available based on need)

Contact: Kammie Richardson at 231-590-6341 or 231-946-4211 E-Mail: krichardson@immaculatetc.org