

Registration Deadline:

September 6, 2011

# Church of the Immaculate Conception

## 2011 – 2012 Faith Formation Registration

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### OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_ or Cash

Amount Owe \$ \_\_\_\_\_

We invite you to register for our **2011-2012 Journey of Faith**. Adult faith formation is the heart of our process. **Please list the name of each adult or youth, 10<sup>th</sup> grade & older, who will participate each month in our parish faith formation:**

Adult's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Adult's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Adult's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street or Box #

City

Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registered Members at Immaculate Conception? \_\_\_\_\_ yes \_\_\_\_\_ no

**Please list the names of children Kindergarten through 9<sup>th</sup> grade:**

**Grades K – 9 (PLEASE PRINT)**

Student's Last Name

Student's First Name

(if different from above)

M/F

Age

Grade

School Attending

1.					
2.					
3.					
4.					

**Child Care:** This is offered for *infants and pre-school aged children during the first Wednesday faith formation session:*

Name	Age	Name	Age
Name	Age	Name	Age

Please indicate **any** special needs your children have and how we can best work with them (medical condition, learning problems, allergies, etc.): \_\_\_\_\_

**For Parents:** I understand that Immaculate Conception's "Journey of Faith" **requires** the participation of a parent or parents in the first Wednesday adult session each month from October through April and teaching my child's homework assignments. I **commit to this requirement** for 2011-12:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Registration Fee:

Financially Participating Family (\$260 more/year)	_____ \$ 75
Single Adults & Senior Citizens	_____ 25
Non-Financially Participating Family	_____ 100
Non-Member of Parish	_____ 150
Grades 1-11: # of Textbooks Needed _____ x \$15 *	_____ Textbook Total
	\$ _____ Total Due

\* **\$7.50 additional textbook charge after September 6<sup>th</sup> to cover additional shipping costs**

You may either attach your payment or be billed in September by the parish office. Please check the appropriate box below:

Bill Me

Payment Enclosed

**Thank You!**