

FAITH FORMATION INVOICE

Registration Fee for 2023-2024 Faith Formation Year - **\$20.00 FOR THE FIRST CHILD AND \$10 FOR EACH ADDITIONAL CHILD. PAYMENT DUE AT THE TIME OF REGISTRATION.** The purpose of the fee is to cover the exorbitant cost of the new books used for the Faith Formation Year.

Name of Parent(s): _____

Name of Child/Children:

Grade:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please make checks payable to: Our Lady of the Immaculate Conception Parish (OLIC)

Please hand in to your child's teacher, drop off at parish office, or mail to Our Lady of the Immaculate Conception Parish, 898 Centre St., Freeland, PA 18224. Include this form with remittance.

NOTE: Every family with children in the program is required to pay a yearly Registration Fee. Registration Fees are payable on or before September 17, 2023.

STUDENT INFORMATION FORM

STUDENT GRADE IN SEPT. 2014 _____

DATE _____

NAME _____ SEX _____ BIRTH DATE _____

ADDRESS _____ CITY _____ ZIP CODE _____

TELEPHONE _____ CELL PHONE _____ SCHOOL ATTENDING _____

SACRAMENTS

YES/NO

CHURCH

TOWN/STATE

BAPTISM _____

PENANCE _____

EUCCHARIST _____

CONFIRMATION _____

FAMILY INFORMATION

FATHER'S NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME _____ RELIGION _____

PARENTS ARE: (PLEASE CHECK)

SINGLE _____ MARRIED _____ REMARRIED _____ SEPARATED _____ WIDOWED _____ DIVORCED _____

WHO IS RESPONSIBLE FOR FULL TIME CARE? (PLEASE WRITE IN NAME)

_____ MOTHER _____ FATHER _____ GUARDIAN

EMERGENCY INFORMATION

IF A CHILD BECOMES ILL OR IS INJURED DURING FAITH FORMATION CLASS, EVERY EFFORT WILL BE MADE TO CONTACT A PARENT/GUARDIAN. IF THIS IS NOT POSSIBLE, THE ADULT DESIGNATED ON THIS FORM WILL BE CONTACTED. NO CHILD WILL BE PERMITTED TO LEAVE, UNLESS ACCOMPANIED BY AN ADULT AUTHORIZED BY THE PARENT.

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____ RELATIONSHIP TO STUDENT _____ PHONE# _____

CHILD WILL BE REGULARLY DROPPED OFF BY _____

AND PICKED UP BY _____

ARE THERE ANY SPECIAL NEEDS OR LEARNING NEEDS OF YOUR CHILD WHICH SHOULD BE COMMUNICATED TO THE CLASSROOM TEACHER? (HEARING LOSS, LEVEL OF READING, ETC.)

IF SO, PLEASE EXPLAIN _____

IS CHILD ON MEDICATION OR ARE THERE ANY HEALTH NEEDS WE SHOULD BE AWARE OF?

E-MAIL ADDRESS PLEASE: _____