

**Immaculate Conception Church
Religious Education Enrollment Form
2026-2027**

Date (select one): Wednesdays: 5:30 pm- 6:45 pm
(Grades 1-8; Sacramental years are in-person only)

Homeschool
(Grades 1, 3, 4, 5, 6; Sacramental years are in-person only)

Registration Fee: Grades 1, 3, 4, 5, 6, and 7 \$105.00 per child
Grades 2 and 8 \$120.00 per child

Student Information

Child's Name: _____

CCD Grade (2026-2027): _____ Date of Birth: ____/____/____ Sex: Male Female

Address: _____

House # Street Apt. # City State Zip

School District: _____ 2026-2027 School Grade: _____

Student resides with: Both Parents Guardians Mother Father

Other (please explain): _____

Parent/Guardian Contact Information

Please note that all communications will be sent via email or *flocknote*. Please sign up for the parish's *flocknote* at ICBVM.org.

Registered at Immaculate Conception Church Yes No

Family must register in the parish before enrolling in CCD classes. Please contact the Parish Office for more information on how to register in the parish.

Mother's Name: _____ Maiden Name: _____

Religion: _____ Mother's Phone Number: _____

Mother's email address: _____

Father's Name: _____

Religion: _____ Father's Phone Number: _____

Father's email address: _____

Emergency Contact

Name: _____ Relationship: _____

Best contact number: _____

Please list any information or condition of which we should be aware to provide a proper educational environment for your child (allergies, learning disabilities, health concerns, home problems, etc.). All information will remain confidential. Please note that we are not professionally trained to handle all

situations; however, should a problem arise, we will contact you regarding it.

Sacramental History

If not Baptized at Immaculate Conception Church, please attached a copy of the Baptismal Certificate to this form.

Sacrament	Received?	Date	Parish (Name and Location)
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Pick Up Authorization

Please list **all** names of any person (including parents) authorized to pick your child up from CCD. Children will only be released to people whose names appear on this form. Please list all that apply. All children must be escorted by an adult. No child will be allowed to leave the building alone.

Name: _____ Relationship: _____

Contact number: _____

Name: _____ Relationship: _____

Contact number: _____

Name: _____ Relationship: _____

Contact number: _____

I have read the policy, outlined in the CCD handbook regarding traffic/safety procedures during drop off and pick up times, and the safety procedures. I understand that if I violate these procedures, I am responsible for any accidents and/or injuries to myself, my children, or others. I will not hold Immaculate Conception Church, The Diocese of Allentown, Father Adam Sedar, and/or any staff member, volunteer, or employee responsible. I further understand that the best way to prevent any accident or injuries is to follow the procedures and policies that are part of the CCD program. **By signing this form, I understand and agree to these conditions.**

Parent Signature: _____ Date: _____

Parent Name (Print): _____

Section for Office Use Only

Registration Date: _____

Check #: _____/Amount: _____

Cash: _____

SCRIP Used: _____

Volunteer: Yes No