



CHURCH OF THE
IMMACULATE CONCEPTION

School of Religion Registration Form 2011-2012

Registration Deadline August 20, 2011

Is your family registered with Immaculate Conception Church? _____ Envelope #: _____

TRADITIONAL PROGRAM Sunday Mornings (Grades Pre-K thru 6) @ 10:15–11:15am
FAMILY STUDY & WORKSHOPS (Grades 1-8) One Tuesday each month (Oct. thru Apr.) @ 7:00-8:00pm
SPECIAL NEEDS CATECHESIS (All Grades) Sundays @ 10:15 – 11:15am

Family Last Name: _____ Home Phone: _____

E-mail Address: _____

Mailing Address: _____

Father's Name: _____ Cell Phone: _____

Father's Address (if different from above): _____

Mother's Name: _____ Cell Phone: _____

Mother's Address (if different from above): _____

Tuition for Religious Education for the 2011-2012 School Year:

\$100 for one child \$135 for 2 children \$150 for 3 or more children

1st Reconciliation, 1st Eucharist, and Confirmation are separate programs and have their own registration forms and fees.

Please make checks payable to:
Church of the Immaculate Conception
Office of Religious Education
200 Ware Avenue, Towson, MD 21204

Questions? Please contact Glenda Sorteberg at 410-427-4726 or gsorteberg@theimmaculate.org.

As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. This age-appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the teacher/catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Glenda Sorteberg, Director of Religious Education.

For Office Use Only
Received: _____
Amount: _____
Check #: _____

Please Complete Each Child's Information Separately

1st Time Registrations, please attach copies of Baptismal Certificates
(not required if child was baptized at Immaculate Conception)

Child's Full Name: _____ Date of Birth: _____

Date and Place of Baptism: _____ Catholic? _____

Child's School in Fall 2011: _____ Grade: _____

Allergies and special needs if any: _____

Check which Session this child is registering for:

_____ Sunday a.m. (Gr. PK-6) _____ Family Study & Workshops (Gr. 1-8) _____ Special Needs

Child's Full Name: _____ Date of Birth: _____

Date and Place of Baptism: _____ Catholic? _____

Child's School in Fall 2011: _____ Grade: _____

Allergies and special needs if any: _____

Check which Session this child is registering for:

_____ Sunday a.m. (Gr. PK-6) _____ Family Study & Workshops (Gr. 1-8) _____ Special Needs

Child's Full Name: _____ Date of Birth: _____

Date and Place of Baptism: _____ Catholic? _____

Child's School in Fall 2011: _____ Grade: _____

Allergies and special needs if any: _____

Check which Session this child is registering for:

_____ Sunday a.m. (Gr. PK-6) _____ Family Study & Workshops (Gr. 1-8) _____ Special Needs

Child's Full Name: _____ Date of Birth: _____

Date and Place of Baptism: _____ Catholic? _____

Child's School in Fall 2011: _____ Grade: _____

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