

Immaculate Conception Church



305 East Howard St - Colfax, IA 50054 - (515) 614-3711

FAITH FORMATION REGISTRATION

Please verify the following. Please fill out one form for each child in K-12. If you need additional forms, please feel free to copy this form; they will also be available in the gathering space or on-line, www.immaculateconceptioncolfax.org.

Child/Student: _____

Birthdate: _____

Gender: _____ Age: _____ Grade as of September 2022: _____

School: _____

SACRAMENTAL INFORMATION

Date of Baptism: _____ Church & City: _____

Date of First Holy Communion _____ Church & City _____

Date of Confirmation: _____ Church & City: _____

FAMILY INFORMATION

Parents Names _____

Address _____ City _____

Home Phone _____ Mother Cell _____ Father Cell _____

Mother Work _____ Father Work _____

Family Email: _____

Medical Insurance Carrier: _____

Policy Number: _____

Emergency Contact _____ Cell Phone _____

I (we), the parent(s) / guardian(s) of _____ authorize the
(CHILD'S NAME HERE)

representatives of Immaculate Conception Parish, as my (our) agent, to consent to any emergency examination, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the supervision of a licensed physician or surgeon. I (we) have noted below any special health concerns or medication involving the named minor(s). By signing, I hereby consent to sharing the medical information below with any adult involved in the Immaculate Conception Parish Faith Formation program for the benefit of my (our) child(ren).

Please list any medications, allergies, or health issues of the child listed above:

Signature: _____ Date: _____