IMMACULATE CONCEPTION PREP
NEW STUDENT REGISTRATION

Name of Child: _____
First Middle Last

Date of Birth _____ School attending in 2011-2012 _____
Month Day Year

***BAPTISM: If your child was not baptized at Immaculate Conception we must see a copy of their BAPTISMAL CERTIFICATE, as soon as possible. It does not need to accompany this registration. If you do not have one in your possession, please contact the parish where your child was baptized.**

This child was baptized at _____
Parish City State

Grade child will be in: _____ Where and when child last attended Rel. Ed: _____

Conditions we should be aware of: _____ Allergies : type _____ _____ADD
_____ Developmentally Disabled _____Diabetes _____Epilepsy _____Hearing Impairment _____Vision Impairment
_____ Learning Disability: type_____ Other: _____
What kinds of techniques work best at home or school regarding discipline, attention span and motivation?

_____
Special dietary needs? _____
Is preferential seating beneficial?_____ Other instructions for the catechist: _____
_____

_____ Please have the catechist call me regarding my child's special needs.

Name of Child: _____
First Middle Last

Date of Birth _____ School attending in 2011-2012 _____
Month Day Year

***BAPTISM: If your child was not baptized at Immaculate Conception we must see a copy of their BAPTISMAL CERTIFICATE, as soon as possible. It does not need to accompany this registration. If you do not have one in your possession, please contact the parish where your child was baptized.**

This child was baptized at _____
Parish City State

Grade child will be in: _____ Where and when child last attended Rel. Ed: _____

Conditions we should be aware of: _____ Allergies : type _____ _____ADD
_____ Developmentally Disabled _____Diabetes _____Epilepsy _____Hearing Impairment _____Vision Impairment
_____ Learning Disability: type_____ Other: _____
What kinds of techniques work best at home or school regarding discipline, attention span and motivation?

_____
Special dietary needs? _____
Is preferential seating beneficial?_____ Other instructions for the catechist: _____
_____

_____ Please have the catechist call me regarding my child's special needs.

IMMACULATE CONCEPTION PREP
NEW STUDENT REGISTRATION

For Office Use Only
Date of Registration:_____
E. I. C._____

Return to: Immaculate Conception PREP
1703 Sherwin Ave. 54701

Father's Information: Please provide name, even if divorced or spouse deceased.

Name_____ Address_____ ZIP_____
First Last

Religion_____ Best time to call: _____ Hm or Cell Ph_____ Work Phone_____

Mother's Information: Please provide name, even if divorced or spouse deceased.

Name_____ Address_____ ZIP_____
First Last **Maiden**

Religion_____ Best time to call: _____ Hm or Cell Ph _____ Work Phone_____

Child resides with: ____ Mother ____ Father ____ Both Family's Email _____

____ Father Deceased ____ Mother Deceased ____ Parents Divorced

If divorced or separated: Please send mailings to _____Mother _____Father _____Both

Name of 1st Child: _____
First Middle Last

Date of Birth _____ School attending in 2011-2012 _____
Month Day Year

***BAPTISM: If your child was not baptized at Immaculate Conception we must see a copy of their BAPTISMAL CERTIFICATE, as soon as possible. It does not need to accompany this registration. If you do not have one in your possession, please contact the parish where your child was baptized**

This child was baptized at _____
Parish City State

Grade child will be in: _____ Where and when child last attended Rel. Ed: _____

Conditions we should be aware of: _____ Allergies : type _____ _____ADD
_____ Developmentally Disabled _____Diabetes _____Epilepsy _____Hearing Impairment _____Vision Impairment
_____ Learning Disability: type_____ Other: _____
What kinds of techniques work best at home or school regarding discipline, attention span and motivation?
_____
Special dietary needs? _____
Is preferential seating beneficial?_____ Other instructions for the catechist: _____
_____

_____ Please have the catechist call me regarding my child's special needs.

USE BACK IF ADDITIONAL NEW STUDENTS