IMMACULATE CONCEPTION
PARISH RELIGIOUS EDUCATION PROGRAM (PREP)
REGISTRATION FORM 2009 - 2010

FAMILY NAME: _____ **HOME PHONE: ( ) _____**

PARENTS: _____ (Father) **&** _____ (Mother)

ADDRESS: _____ _____ _____
Street City Zip

I/We wish to register our child/ children in the following classes (Choose **ONE**. List children from lowest grade to highest grade): **[See Class/Fee Schedule below]**

Child's Name _____ _____ Grade Registering _____
(Last) (First)

Child's Name _____ _____ Grade Registering _____
(Last) (First)

Child's Name _____ _____ Grade Registering _____
(Last) (First)

REGULAR CLASS SCHEDULE: [Begins September]

Sundays 10:30 -11:15 ---- **Grades PK, K, 1, 2** [First Communion]**, 3, 4**
Wednesdays 7:00 - 8:15 ---- **Grades 5, 6, 7, 8** [Confirmation Class]

SUMMER INTENSIVE SCHEDULE: [Begins August]

August 10-14 9:00 - 11:00 ----- Grades **5** and **7 only** [Meet at Immaculate Conception]

August 17-21 9:00 - 11:00 ----- **Grade 6 only [**Meets at St. James]

IMPORTANT: All summer intensive classes then meet every 3 weeks throughout the year on Sundays. [Please refer to Summer Intensive Calendar for details]. Note: In the fall, the Sunday classes meet at St. James and in winter and spring, they meet at Immaculate Conception]

TUITION (Includes Textbooks) / **SACRAMENT FEES**

1 Child	$180
2 Children	$230
3 or more children	$275
First Communion Fee	$40 [Children in 2nd Grade]
Confirmation Fee	$50 [Children in 8th Grade/Confirmation]
Out of Parish Fee	$60
Enrolling on or after first day of class	$25 [additional fee]

[PLEASE INCLUDE FULL PAYMENT OR PARTIAL PAYMENT WITH REGISTRATION]

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☐ I have paid in full ☐ I will make monthly payments

Signature _____ **Date:** _____

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OFFICE USE

Amount Received: $ _____ Check # _____ Cash ____ Balance Due: $ _____