# 2025 – 2026 FAITH FORMATION REGISTRATION FORM

RCC of Brownville & Dexter, P. O. Box 99, Brownville, NY 13615

**CONTACT INFORMATION:** Mr / Mrs _____ Phone: _____
Mailing Address _____ _____

**E-mail address**_____

Father's Name _____ Work phone (Dad): _____ Cell phone (Dad) _____
Mother's Name _____ Work phone (Mom): _____ Cell phone (Mom)_____

Parish you are registered with: _____ Immaculate Conception, Brownville _____Other _____

## STUDENTS

Child's name (first & last) Date of Birth School Grade *Date & Place of Baptism

_____
*Made 1st Communion?* Yes / No

_____
*Made 1st Communion?* Yes / No

_____
*Made 1st Communion?* Yes / No

_____
*Made 1st Communion?* Yes / No

((*If your child was not baptized at Immaculate Conception Church in Brownville OR at St. Andrew's in Sackets Harbor, **a copy of his/her baptismal certificate** will be needed to receive sacraments.))

**MEDICAL INFORMATION:** Please list any allergies or other medical concerns:_____
_____

**TRANSPORTATION:** I give permission for the following to transport my child **from** Faith Formation classes:

| Name | Phone Number | Relationship to child |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

((You may also send in a note at any time giving permission for someone to pick up your child from classes.))

_____ _____
Parent Signature Date

**RETURN THIS FORM TO:** ***Immaculate Conception BVM Church***
***P. O. Box 99 / 119 W Main St***
***Brownville, NY 13615***