

**Immaculate Conception/St. Joseph Parish
Religious Education Form (K-8/Confirmation)**

Today's Date _____

Father or Guardian

Mother or Guardian

Name _____

Name _____

Home Address _____

Home Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Religion _____

Religion _____

Student(s) reside with: ___ Mother & Father ___ Father ___ Mother ___ Guardian ___ Other

If there are special circumstances, please use this space to describe the situation: _____

Name	Grade	Baptism		1 st Reconciliation		1 st Communion		Confirmation	
		Yes	No	Yes	No	Yes	No	Yes	No

Copy Of Baptism Certificates must be filed with the Religious Education Office.

Does your child have any special needs that we need to be aware of, such as physical handicap, learning disability, food allergies, etc. ___ Explain: _____

Are there older children needing preparation for sacraments _____ Explain; _____

Number of Children
 _____ one child
 _____ two children
 _____ three or more

Tuition
 \$ 80.00
 \$ 120.00
 \$ 150.00

(Checks payable to IC/SJ)
 Date _____
 Amount _____
 cash _____
 check# _____

Send application with payment to ICSJ Religious Education Office, 747 Osage St. Leavenworth, Ks. 66048. Or they can be placed in the Sunday collection basket. If you have any questions, please contact Dcn. Pat at the church office 913 682-3953, or at phood@icsj.org