

St. Mary Faith Formation
 7307 40th Avenue Kenosha, WI 53142
 262. 694.6018 Fax 262-694-6048
Program Registration

Today's Date: _____

To be filled out by Office

Amt. Paid _____ Date _____
 Check # _____ Cash _____
 Amt. Due _____
 Date Rcvd _____ Date PDF _____

FAMILY NAME _____

Home Address - Street _____

Home Address - City & State _____ Zip _____

Parish _____

Father's Full Name: _____ Religion: _____

Address (if different) _____ City: _____ Zip code: _____

Home Phone w/area code: Home _____ Cell: _____

Email: _____

Work Place: _____ Occupation: _____ Work Phone _____

Mother's Full (MAIDEN) Name: _____ Religion: _____

Address (if different) _____ City: _____ Zip code: _____

Home Phone w/area code: Home _____ Cell: _____

Email: _____

Work Place: _____ Occupation: _____ Work Phone _____

Child resides with Both Parents Mother only Father only

Send mail to: Both Parents Mother only Father only

Emergency Contacts (we will call parents first but if you are not available, who should we contact?)

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Student Information - Please indicate grade as of current school year (please use another piece of paper if needed)

Name	Sex M / F	Date of Birth	Grade	School Attending	Sacraments Received Submit copy of Baptismal certificate if not Baptized here at St. Mary or new to program		
					Church of Baptism	First Reconciliation	First Eucharist
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any physical, emotional or learning disabilities or any other needs?

Please List _____ Child's name _____

Please List _____ Child's name _____

Are there any medications or medical conditions such as allergies or diabetic needs?

Please List _____ Child's name _____

Please List _____ Child's name _____

Photograph/Video Release:

At times during the year, teens may be photographed or videotaped for use in program displays, the parish bulletin or website, newspaper stories, or other publicity-related publications. These materials will only be used for appropriate purposes. By signing below, you hereby agree to release pictures and video for use by St. Mary Formation Ministries. If you have any questions about or limitations to this release, please note them below.

Parent /Guardian Signature: _____

Date: _____

For High School Students only:	
Student Name: _____	Teen Cell Phone: _____
Teen Email: _____	
Student Name: _____	Teen Cell Phone: _____
Teen Email: _____	
Parent permission to contact teen by cell phone or email: _____	
<i>Parent/ Guardian Signature</i>	

Class times: <i>Please Note Day and Times</i>	Fees for Preschool thru 11th
Preschool (ages 4 & 5) Sunday Mornings from 9:15 to 10:15 am	1 child \$95.00 2 children \$150
Grades 1 – 5 Sunday Mornings from 9:15 to 10:15 am	3 children \$180 4 or more \$200
Grades 6, 7 & 8 Sunday Mornings from 9:15 to 10:15 am	SJCA students pay only for 11 th grade
Grades 9, 10 & 11 Sunday Mornings from 11:45am to 1:15 pm	Retreats will be charged separately
	Checks made out to St. Mary Parish

Volunteers Needed:

The Christian Formation program is a volunteer program that runs only because of the cooperation of volunteers. Please prayerfully consider helping in some volunteer capacity. Indicate below an area in which you will help.

Core Team Member for High School
 Catechist for Grade School
 General Help
 Bake for Grades _____
 Coordinate HS service projects
 Door/Hall Monitor