

St. Mary Faith Formation

7307 40th Avenue Kenosha, WI 53142
262-694-6018 Fax 262-694-6048

2019/2020 Program Registration

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 Formation Grade this Fall (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
						[] Yes [] No	[] Yes [] No
						[] Yes [] No	[] Yes [] No
						[] Yes [] No	[] Yes [] No
						[] Yes [] No	[] Yes [] 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: _____

Parent/ Guardian Signature

Class times: Please Note Day and Times

Preschool (ages 4 & 5) **Sunday Mornings** from 9:15 to 10:15 am

Grades 1 – 5 **Sunday Mornings** from 9:15 to 10:15 am

Grades 6, 7 & 8 **Sunday Mornings** from 9:15 to 10:15 am

Grades 9, 10 & 11 **Sunday Mornings** from 11:45am to 1:15 pm

Fees for Grades Preschool thru 11th

1 child \$95 2 children \$150

3 children \$180 4 or more \$200

SJCA 11th Grade \$40

Additional fees may apply.

Please make checks out to St. Mary

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.

_____ Catechist for **High School**

_____ Catechist for **Grade School**

_____ General Help **Grade School**

_____ Bake for Grades

_____ General Help **High School**

_____ Door/Hall Monitor