

**St Mary Catholic Parish**  
7307 40th Avenue, Kenosha, WI 53142  
(262) 694-6018

**Please fill out BOTH sides of form**

**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 \_\_\_\_\_  
First Last

Address (if different) \_\_\_\_\_ Phones w/area code: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Place/Occupation \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ Religion \_\_\_\_\_  
First Last Maiden

Address (if different) \_\_\_\_\_ Phones w/area code: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Place/Occupation \_\_\_\_\_

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 confirm Grade**

(please use another piece of paper if needed)

Sacraments Received  
Submit copy of Baptismal certificate if not Baptized  
here at St. Mary or new to the program

Name	Sex M/F	Date of Birth	Grade	School Attending	Baptism Place/Date	Penance Date	1st Comm Date

Medical Conditions | Please list all conditions including allergies, physical, emotional, or learning disabilities and medications.

Please List \_\_\_\_\_ Child's Name \_\_\_\_\_

Please List \_\_\_\_\_ Child's Name \_\_\_\_\_

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

**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.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> High School Catechist                  | <input type="checkbox"/> High School General Help          | <input type="checkbox"/> High School Door/Hall Monitor | <input type="checkbox"/> High School Bake |
| <input type="checkbox"/> Elementary and Middle School Catechist | <input type="checkbox"/> Elementary & MS Door/Hall Monitor | <input type="checkbox"/> Elem. & MS Bake               |   |