St. Mary Faith Formation
7307 40th Avenue Kenosha, WI 53142
262. 694.6018

2026|2027 Program Registration

To be filled out by Office

Amt. Paid_____Date_____

Check #_____ Cash_____

Amt. Due_____

Date Rcvd_____ Date PDF_____

Registration due September 11th, 2026

_____
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 September 2017** (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 program		
Name	Sex M/F	Date of Birth	Grade	School Attending	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*

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.

High School Catechist _____ Door/Hall Monitor_____ General Help _____ Baked Goods _____

Elementary & Middle School Catechist _____ Door/Hall Monitor_____ General Help _____ Baked Goods