



## St. Joseph Congregation Child Ministry

2020-2021 Catholic Formation & Sacramental Preparation Registration

**Pre-K – 8<sup>th</sup> Grade (Meets twice/month on Sunday mornings in the school)**

Thadeus Brooks, Director of Child & Youth Ministry, (414) 771-4626 ext. 108

[brookst@archmil.org](mailto:brookst@archmil.org)

Please **PRINT** ALL information on front and back. Thank you.

Family Last Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
(Parents' Last Name) Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

Family is a member of: St. Joseph \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City / State / Zip code)

E-mail (required) \_\_\_\_\_  
(we will communicate via email unless requested otherwise.)

Emergency contact Name : \_\_\_\_\_

**•Students preparing for Reconciliation and First Eucharist must submit a Baptismal Certificate.**

Child's Full Name _____ (First) (Last)	(Gender) _____	Date of Birth _____ (F / M)
Child would like to be called _____ (Nickname)	Grade (Fall 2020) _____	School Attending _____ (Pre-K - 8)
Child Lives With _____ Both Parents / _____ Father / _____ Mother / _____ Other (explain) _____		
<i>Circle Sacraments Already Received:</i> Baptism                  Reconciliation                  Eucharist		
<b>Circle if registering for Sacraments:</b> Reconciliation/Eucharist		
Please list any health concerns or learning disabilities that should be brought to the catechist's attention: _____ _____		

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Please list any health concerns or learning disabilities that should be brought to the catechist's attention: _____ _____		

Child's Full Name \_\_\_\_\_ (Gender) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (First) (Last) (F / M)

Child would like to be called \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_ School Attending \_\_\_\_\_  
 (Nickname) (Pre-K - 8)

Child Lives With \_\_\_\_\_ Both Parents / \_\_\_\_\_ Father / \_\_\_\_\_ Mother / \_\_\_\_\_ Other (explain) \_\_\_\_\_

Circle Sacraments Already Received: Baptism Reconciliation Eucharist

**Circle if registering for Sacraments: Reconciliation/Eucharist**

Please list any health concerns or learning disabilities that should be brought to the catechist's attention:  
 \_\_\_\_\_  
 \_\_\_\_\_

Child's Full Name \_\_\_\_\_ (Gender) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (First) (Last) (F / M)

Child would like to be called \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_ School Attending \_\_\_\_\_  
 (Nickname) (Pre-K - 8)

Child Lives With \_\_\_\_\_ Both Parents / \_\_\_\_\_ Father / \_\_\_\_\_ Mother / \_\_\_\_\_ Other (explain) \_\_\_\_\_

Circle Sacraments Already Received: Baptism Reconciliation Eucharist

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Please list any health concerns or learning disabilities that should be brought to the catechist's attention:  
 \_\_\_\_\_  
 \_\_\_\_\_

**REGISTRATION DUE: September 1, 2020**

**PROGRAM FEE:**

- **\$130 per child (No charge for Pre-K students!)**
- **\$390 limit per family (family rate applies to children enrolled in the K5 - 8th grade program only)**
- ***Catechists receive free child ministry tuition.***
- **Separate fee for the combined Sacraments of Reconciliation & First Eucharist Preparation : \$80**
- **Financial aid available upon request.**

**•Students preparing for Reconciliation and First Eucharist must submit a Baptismal Certificate.**

**FIRST RECONCILIATION & FIRST COMMUNION:**

- If you have a child entering 2<sup>nd</sup> grade, you will receive information about Reconciliation & First Holy Communion separately.
- In order to prepare your child for these Sacraments, we recommend that your son/daughter has received Faith Formation for at least two years (1st & 2nd grade). If your child has not been involved in a parish program prior to 2nd grade, please contact Thadeus Brooks, so we can make special arrangements if necessary.
- If your child is in 3rd, 4th, or 5th grade and has not received either of these Sacraments please contact Thadeus.
- Sacraments and their preparation are meant to be done in Community. This means parochial and public school families prepare together.

**PICTURE RELEASE:** My child(ren) may be photographed during the child ministry program and these photos may be used for program purposes or for promotional material in print form or on the parish website.

*If you do not want their picture used, please check here \_\_\_\_\_*

**EMERGENCY TREATMENT:** In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_