



Registration Form – Cluster Faith Formation Program 2026–2027

Divine Savior Parish – Fredonia (262-692-9994)

Our Lady of the Lakes Parish – Random Lake (920-994-4380)

Last Name of Student(s) _____ Today’s date _____

Student(s) live with: _____ both parents at same household _____ each parent at different households

_____ mother only _____ father only _____ separate guardian

Father’s Name _____ Religion _____
First Last (if different)

Mailing Address _____ Phone _____

City / Zip Code _____ e-mail _____

Mother’s Name _____ Religion _____
First Last (if different)

Mailing Address _____ Phone _____

City / Zip Code _____ e-mail _____

Parish in which you are **registered** _____

Program Times and Locations

(Times are staggered to allow for travel between locations if you have children in both).

K5-6th grade on Wednesdays from **6:15-7:30 p.m.** at **Divine Savior Catholic School**

7th-10th grade on Wednesdays from **6:30-7:45 p.m.** at **Our Lady of the Lakes**

Confirmation classes on Wednesdays from **6:30-8 p.m.** at **Our Lady of the Lakes**

Name of Child Registering	Sex	Grade	Date of Birth	Which Public School	Baptism	Communion	Reconciliation	Confirmation
					Yes/No	Yes/No	Yes/No	Yes/No
					Yes/No	Yes/No	Yes/No	Yes/No
					Yes/No	Yes/No	Yes/No	Yes/No
					Yes/No	Yes/No	Yes/No	Yes/No

Are there any health concerns or learning disabilities that we would need to take into account? Yes/ No
 If yes, please explain:

Class Fees (all grades)

1 Student \$ 90.00
2 Students \$150.00
3 or more Students \$180.00 \$ _____

Retreat Fees

First Communion Fee \$30.00 per student \$ _____

7th-10th Grade Retreat Fee \$35.00 per student \$ _____

Confirmation Retreat \$140.00 per student \$ _____

Total amount due \$ _____

(Cash or Check payable to your home parish)

Credit card payments can be made through the online giving portion of our website, dsoll.org.

I am making a payment of \$ _____ today and will complete payments in a timely fashion.

I request tuition assistance of \$ _____. *(Please contact Terri Riesselmann to arrange this.)*

I consent to the use by the Parish of any photograph, slide, audio tape, videotape, or any other visual or audio reproduction in which my son/daughter/ward may appear. I understand that these materials are being used for the promotion of the parish. I release the staff, volunteers, etc. of the parish from any liability connected with the use of my son/daughter/ward's picture or voice recording as part of any activities associated with these classes.

I understand that in order for these classes to increase my child(ren)'s experience of the Catholic Faith, **regular attendance and full participation in classes is essential**. Parents are expected to be aware of what is being taught in classes and what they can do to support catechists.

"Parents ... bear the primary responsibility for the faith formation of their children"

US Catholic Bishops

Parent Signature _____ **Date** _____

Volunteer Opportunities

****Must attend a Safe Environment Training Class, or have attended one in the last five (5) years.***

- Catechist (**Registration Fee Waived**)*
- Classroom Aide* (*\$60 off registration-must come to each class*)
- Substitute Catechist* (*\$40 off registration*)
- Door Monitor* (*\$30 off registration*)
- Hall Monitor (K5-6th)* (*\$30 off registration*)

I have a talent I am willing to share that is not listed above (i.e., food prep, carpentry, group leader, music, etc.) _____

Please mail or return this form along with payment (**payable to the parish you are registered**) to either of the Parish Offices listed below.

Thank you.

Divine Savior / PO Box 250 / Fredonia WI 53021 (262-692-9994)

Our Lady of the Lakes / 230 Butler St / Random Lake WI 53075 (920-994-4380)