

CHRISTIAN FORMATION REGISTRATION FORM - 2019/2020

Family Name: **Head of Household:** Last Name: _____ First Name: _____ Parish: _____

Spouse: Last Name: _____ First Name: _____

Family Info: Street Address: _____ City/State: _____ Zip Code: _____

Father Email: _____ Mother Email: _____

Home Phone Number: _____ Description: ☐ Home ☐ Cell Unlisted: ☐ Yes ☐ No

Father/Guardian Information:

Name: _____ Cell #: _____ Parish: _____

Marital Status: _____ Occupation: _____ Spouse's Name: _____

Address (if different from above): _____ City/State/Zip: _____

Does Child Reside with This Parent? ☐ Yes ☐ No ☐ Joint Custody Send Correspondence to This Parent? ☐ Yes ☐ No

Does This Parent Have Permission to Access Student Information? ☐ Yes ☐ No

Mother/Guardian Information:

Name: _____ Cell #: _____ Parish: _____

Marital Status: _____ Occupation: _____ Spouse's Name: _____

Address (if different from above): _____ City/State/Zip: _____

Does Child Reside with This Parent? ☐ Yes ☐ No ☐ Joint Custody Send Correspondence to This Parent? ☐ Yes ☐ No

Does This Parent Have Permission to Access Student Information? ☐ Yes ☐ No

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Photo Release: ☐ I hereby consent that one or more photographs may be taken of me or my dependents. I authorize the Archdiocese of Milwaukee and/or St. Paul the Apostle Parish to use these photos in any way it deems appropriate. I understand and agree that the use of these pictures are not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of this/these photographs by the Archdiocese St. Paul the Apostle Parish.

Names of Child/ren: _____

Parent's Signature: _____ Date: _____

Volunteering: I would be interested in volunteering in some capacity. ☐ Yes ☐ No (See last page for details on how you can help.)

OFFICE USE ONLY: Date Received: _____ Amount: _____ Check #: _____ Family ID #: _____

STUDENT # 1

Child's Name: _____

Grade (as of 9/1/19): _____ Sex: ☐ Male ☐ Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

	Baptism	Eucharist	Confirmation
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Date:	_____	_____	_____
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Church:	_____	_____	_____
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City/State:	_____	_____	_____
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Medical Information: Please list any allergies, learning disabilities, or other health issues we should be aware of: _____

STUDENT # 2

Child's Name: _____

Grade (as of 9/1/19): _____ Sex: ☐ Male ☐ Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

	Baptism	Eucharist	Confirmation
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Date:	_____	_____	_____
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Church:	_____	_____	_____
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City/State:	_____	_____	_____
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Medical Information: Please list any allergies, learning disabilities, or other health issues we should be aware of: _____

STUDENT # 3

Child's Name: _____

Grade (as of 9/1/19): _____ Sex: ☐ Male ☐ Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

	Baptism	Eucharist	Confirmation
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Date:	_____	_____	_____
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Church:	_____	_____	_____
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City/State:	_____	_____	_____
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Medical Information: Please list any allergies, learning disabilities, or other health issues we should be aware of: _____

STUDENT # 4

Child's Name: _____

Grade (as of 9/1/19): _____ Sex: ☐ Male ☐ Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

	Baptism	Eucharist	Confirmation
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Date:	_____	_____	_____
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Church:	_____	_____	_____
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City/State:	_____	_____	_____
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Medical Information: Please list any allergies, learning disabilities, or other health issues we should be aware of: _____

Registration Forms are due to the Parish Office on/before September 15th. Registrations received after September 15th will be charged an additional \$25 fee per child. No Registrations will be accepted after October 5th.

Please select the Program/s you are registering for:

	Start Date	Registration Fee **	# Students Registering	Total Due for This Program
☐ Preschool (K3, K4, Kindergarten) Program: 1st 3 Sunday mornings of the month 10:00-11:00 a.m.	10/6/19	\$45	_____	_____
☐ Elementary (1-5) Program: Sunday mornings 8:30-9:45 a.m.	9/29/19	\$65	_____	_____
☐ First Reconciliation/First Eucharist Preparation Fee (For children in grade 2, with 1 year of prior preparation)		\$65	_____	_____
☐ Middle School (6-8) Program: 2nd and 4th Sundays 6:00-8:00 p.m.	9/22/19	\$80	_____	_____
☐ High School (9 & 10) Program: 1st and 3rd Sundays 6:00-8:00 p.m.	9/15/19	\$100	_____	_____
☐ Confirmation Preparation Program (Includes retreat fee): 1st and 3rd Sundays 6:00-8:00 p.m.	9/15/19	\$130	_____	_____

ATTENTION

**Register and pay
in full by August
1st, 2019 and take
\$10 off each
child's
registration fee**

☐ Entire Fee is Enclosed

Total Amount Due \$ _____

☐ Please send a Financial Assistance Form to me. (Financial Assistance only given to members of St. Paul the Apostle.)

Additional Information:

- Students must have a registration form on file with the Christian Formation Office in order to attend St Paul's religious education classes/events.
- **Tuition must be paid in full with registration.** If other arrangements are needed please call the Christian Formation Office (262-886-0530)

Sacrament Information:

- Children prepare for both Sacraments of Reconciliation & Eucharist in Grade 2. Children must have completed Grade One in either a Christian Formation Program or a Catholic Grade School.
- Teens preparing for the Sacrament of Confirmation must be 16 years old, a junior in High School, and have completed at least one year of either a Christian Formation High School Program, or at least 2 semesters of Catholic High School religion courses. **All candidates of Confirmation are required to participate in a Confirmation Retreat.**
- For children and youth receiving Sacraments, additional Sacrament Registration Forms will be sent to you once your program registration is complete. Please note that you will not receive materials for the Sacraments until the fees are paid.

**** Is the fee for payments between August 1st and September 15th.** An additional \$25 will be added to any registrations received after September 15th.

Please make checks payable to St. Paul the Apostle & send to: St. Paul the Apostle Parish, c/o Jennie Wiseman, 6400 Spring Street, Mt. Pleasant, WI 53406.

VOLUNTEER INFORMATION

I am interested in volunteering for:

Catechist:

_____ **Preschool** (ages 3-5)

_____ **Elementary** (grades 1-5) please indicate a grade level if you prefer one _____

_____ **Middle School** (grades 6-8)

_____ **High School** (grades 9-10)

_____ **Confirmation** (age 16 and 11th grade)

_____ **Substitute Catechist** please indicate grade level _____

_____ **Assistant Catechist** please indicate grade level _____

_____ **Hall/Door Monitor:** Provide entry to late students

Please indicate time interested in _____

_____ **Help at Sacrament workshops**

_____ **Office help:** Preparation of material for classes, workshops or for student take home