



2018/2019 RELIGIOUS EDUCATION REGISTRATION

S89 W22650 Milwaukee Ave | Big Bend, WI 53103-9539 | www.stjoesbb.com | cfm@stjoesbb.com | 262-662-3317

Family Name: _____ Registered at this Church?: Y N

Street Address: _____

City: _____ Zip Code: _____ Dad's Cell: (____) _____

Primary Phone: (____) _____ Unlisted? Y N Mom's Cell: (____) _____

Dad's Email: _____ Mom's Email: _____

PARENTS / GUARDIANS

Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
Place of work: _____	Place of work: _____
Work phone: (____) _____	Work phone: (____) _____
Work email: _____	Work email: _____
Marital Status: _____	Marital Status: _____
I would like to volunteer to: _____	I would like to volunteer to: _____

If divorced or separated, please provide other parents information:

This information below applies to which children: All **OR** (print names):

Parent Name: _____ Circle One: Father Mother

Address: _____ City/State: _____ Zip: _____

Phone: (____) _____ Type: Home / Cell Phone: (____) _____ Type: Home / Cell

Employer: _____ Work Phone: (____) _____

Marital Status: _____ Religion: _____ Comment: _____

FEE INFORMATION

PROGRAM	FEE	# OF CHILDREN	TOTAL FEE <i>Family Maximum \$330 (does not include retreat fees)</i>
Generations of Faith (k4-5 th)	\$110.00		\$
Edge or Life Teen (8 th -10 th)	\$110.00		\$
Confirmation- Retreat Included (11 th or 12 th) <i>**\$110 due at registration, \$170 due by Nov 30</i>	\$280.00**		\$
1 st Communion Retreat (2 nd Grade)	\$35.00		\$
			\$ _____ Total Tuition Due by Sept. 3rd

Payment Contract

Check One Option:

- Full Fee Enclosed With Registration
- Register without Payment – Contact CFM office for payment arrangement 262-662-3317 or cfm@stjoesbb.com
- Online Payment - <https://stjoesbb.weshareonline.org/CFMFees>
- Financial Need Request – Attach Your Completed Form

EMERGENCY CONTACT

In the event of an emergency, if you are unable to reach me, please contact the following:

Name: _____ Address: _____

Relationship: _____ Phone Number: _____

Student Name: _____ Sex: M / F Religion Grade 2017-18: _____

SELECT PROGRAM AND PREFERRED TIME WHERE APPLICABLE:

Generations of Faith (Grade k4-5): SUN AM Edge (Grade 6-7): SUN AM Edge (Grade 8) CIRCLE ONE: SUN AM or WED PM

CIRCLE ONE: Life Teen (Grade 9-10) SUN PM or Confirmation (Grade 11 or 12) SUN PM

Birth Date: ____ / ____ / ____ Grade: _____ School: _____

Student cell phone: _____ Student email: _____

	Date	Church Where Sacrament Was Received	Address of the Church
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Baptism: ____ / ____ / ____ _____

Reconcil: ____ / ____ / ____ _____

1st Comm: ____ / ____ / ____ _____

Health Concerns: _____

Learning Concerns: _____

Comments: _____

Student Name: _____ Sex: M / F Religion Grade 2017-18: _____

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Baptism: ____ / ____ / ____ _____

Reconcil: ____ / ____ / ____ _____

1st Comm: ____ / ____ / ____ _____

Health Concerns: _____

Learning Concerns: _____

Comments: _____

In the event of an emergency, I hereby authorize St. Joseph CFM staff to transport my child to a hospital for emergency or medical or surgical treatment.

I have read and agree to the policies and requirements found on the CFM webpage.

I consent to the use by St. Joseph's Parish any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child/children may appear. I understand that these materials may be used for promotion of the CFM programs. Such promotional activities extend to recruitment, fundraising, advocacy, etc. I release the recording as part of any of the aforementioned or similar activities.

Date: _____ **Signature of Parent/Guardian:** _____