

**St. Roman & St. Charles Borromeo
Collaborative Catholic Youth Formation Program
2020-2021**

**First Reconciliation & First Communion
Registration Form**

St. Roman Parish
1710 W. Bolivar Ave.
Milwaukee, WI 53221

St. Charles Borromeo
5571 S. Marilyn St.
Milwaukee, WI 53221

Parish member of: St. Charles Borromeo St. Roman Other: _____ **Date:** _____

STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Please check one: **Male** **Female** Date of Birth: _____

School Attending: _____ Grade as of 9/1/20: _____

Baptism: Yes No Church of Baptism: _____

PARENT INFORMATION

Father's First Name: _____ **Last Name:** _____ **Religion:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Cell (Father): _____ **E-mail (Father):** _____

Mother's First Name: _____ **Last Name:** _____ **Religion:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Cell (Mother): _____ **E-mail (Mother):** _____

Student resides with: Both parents Mother only Father only Both parents (Separate Homes) ***Please list separate addresses under Parent Information**

Send mail to: Both parents Mother only Father only Both parents (Separate Homes)

Language spoken at home: English Spanish Other: _____



SACRAMENTAL PROGRAM FEES

Registration Fee	\$115.00
Sacramental Preparing Fee	\$100.00
Total	\$215.00

ADDITIONAL NOTES:

- A non-refundable deposit of \$25.00 per student is due upon registration. Please make check payable to St. Roman Parish.
- These fees help pay for the workbooks, certificates, retreats and other materials needed in preparing for these Sacraments..
- Student's Baptismal Certificate must be on file with the CYF office by September.
- **Please Note:** Students preparing for First Reconciliation and First Communion **MUST** have completed their first-grade year, or any year above, in a **catholic** school or a **catholic** religious education program. Meaning this would be their second year, or more, of religious education; a requirement by the Archdiocese.

CONFIDENTIAL INFORMATION

The purpose of gathering this information is in the event of needing to be sensitive towards your family and your child/ren.

Parent's Marital Status: Married Separated Divorced Single Widowed

Are there any physical, sensory, emotional, learning disabilities, or any other special needs?

Student Name: _____ Please List: _____

Are there any medications or medical conditions such as allergies, diabetic needs, or Epi-Pen?

Student Name: _____ Please List: _____

SIGNATURE OF PARENT OR GUARDIAN

Signature _____

Date: _____

FOR OFFICE USE ONLY

Student Name: _____

Date: _____

RCIA Candidate: Yes No

Date: _____

Sacrament Needed: Baptism Communion Reconciliation Confirmation

Date: _____

Copy of Baptismal Certificate on file at CYF office: _____

Date: _____

AMOUNT REC'D	CASH/CHECK	DATE	BALANCE