

**St. Charles Borromeo - St. Romans Collaborative Christian Formation Program  
2018-19**

**PLEASE PRINT CLEARLY**

**FAMILY INFORMATION**

Family Name \_\_\_\_\_ Envelope Number \_\_\_\_\_

Parish Member of     St. Charles Borromeo     St. Roman     Other \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resides with     Both Parents     Mother     Father     Guardian

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Circle One:            Male                          Female                          T-shirt Size \_\_\_\_\_

Registering for : \_\_\_\_\_ High School Program (Gr. 9 & 10)                          \_\_\_\_\_ Confirmation Preparation

Students must be enrolled in the Christian Formation Program for 2 remote years prior to enrolling in the immediate Confirmation Preparation Program

**FEES**

Public High School (grades 9 & 10) Fee - \$115                          Immediate Confirmation Preparation Fee - \$120  
Catholic High School Fee - \$50    Confirmation Retreat Fee - \$140  
High School Retreat Fee - \$45

**Late Registration fee (applied after August 24) - \$25**

**Baptismal Certificate must be on file with the Christian Formation Office.**

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**EMERGENCY CONTACT**

The following persons (other than parent with custody) are authorized to take my child from the Collaborative Christian formation Program, upon the condition that the Director is notified in writing or by phone:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

If Parents cannot be reached when a student is ill, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

**PLEASE NOTE:** Parents and/or Guardians are responsible for emergency medical treatment or expenses.

**PICTURE/ VIDEO CONSENT**

I, \_\_\_\_\_, consent to the use by St. Charles Borromeo and/or St.  
Parent's Name

Roman Catholic Churches of any videotape, photography, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of St. Charles Borromeo and /or St. Roman Catholic Churches from any liability connected with the use of me or my child's picture or voice recording as part of any of the above or similar activities.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**OFFICE USE ONLY**

<b>Amount Received</b>	<b>Cash/Check</b>	<b>Date</b>	<b>Balance</b>