

**St. Roman & St. Charles Borromeo**  
**Collaborative Catholic Youth Formation Program 2021-2022**  
**Confirmation (11<sup>th</sup>-12<sup>th</sup>)**  
**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 9/1/21: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Student Cell: \_\_\_\_\_

T-shirt Size:  XS  S  M  L  XL  Other: \_\_\_\_\_

**SACRAMENTS RECEIVED**

Baptism:  Yes  No Church of Baptism: \_\_\_\_\_

1<sup>st</sup> Communion:  Yes  No Reconciliation:  Yes  No

**PARENT/GUARDIAN 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: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  11<sup>th</sup> Gr  12<sup>th</sup> Gr



## CONFIRMATION PREPERATION CYF PROGRAM FEES

Confirmation Preparation Fee (per student)	\$120.00
Confirmation Retreat Fee (per student)	TBD

### 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

Interpreter is needed for: \_\_\_\_\_

**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: \_\_\_\_\_

### ADDITIONAL NOTES:

- A non-refundable deposit of \$50.00 per student is due upon registration. This deposit will be credited towards the total tuition. Please make checks payable to St. Charles Borromeo Parish.
- All registrations must include a copy of the student's **baptismal certificate**.
- **PLEASE NOTE:** Students must be enrolled in either a **Catholic** Formation Program or a **Catholic** High School prior to enrolling in the immediate Confirmation Preparation Program.

### 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