

St. Roman & St. Charles Borromeo
Collaborative Catholic Youth Formation Program 2021-2022
Quinceañeras Program
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: _____

Quinceañeras Date: _____

SACRAMENTS RECEIVED

Baptism: Yes No Church of Baptism: _____

1st Communion: Yes No Reconciliation: Yes No

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: _____



QUINCEAÑERA CYF PROGRAM FEES

Quinceañera Preparation (per student)	\$115.00
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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 Roman Parish.
- All registrations must include a copy of the student's **baptismal and first communion certificate**.

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