

**St. Roman Catholic Parish  
 Christian Formation New Student Registration K-8<sup>th</sup> grades in Public School  
 2018-2019 (one per family)**

**Today's date** \_\_\_\_\_ **Family Envelope #** \_\_\_\_\_  
 (if you are not a member do you want us to send you the form to become a member \_\_\_yes \_\_\_no)

**Family Name** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Dad Cell** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ **Maiden** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mom Cell** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child resides with**       Both parents       Mother only       Father only

**Send mail/email to**       Both parents       Mother only       Father only

**Sacraments Received**

\*Include a copy of Baptismal Certificate

Student's Name	Sex M/F	Date of Birth	Grade (in the Fall)	School Attending	Baptism Church & Denomination	First Reconciliation	First Eucharist
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**This Christian Formation Program is design to help Public School Students re-connect with their faith  
 and help them build a true encounter with Christ.**



**Over**

**CONFIDENTIAL INFORMATION**

The purpose for gathering this information is that we might be more sensitive to your family and your child(ren) in class

Marital Status: [ ] Married [ ] Separated [ ] Divorced [ ] Single [ ] Widowed

Occupation:

Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepparent \_\_\_\_\_

Interpreter is needed in class for: \_\_\_\_\_ Child's name: \_\_\_\_\_

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

Please list: \_\_\_\_\_ Child's name: \_\_\_\_\_

Please list: \_\_\_\_\_ Child's name: \_\_\_\_\_

**Are there any medications or medical conditions such as allergies or diabetic needs?**

Please list: \_\_\_\_\_ Child's name: \_\_\_\_\_

Please list: \_\_\_\_\_ Child's name: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**K4-8<sup>th</sup> grades Christian Formation Program 2018-2019 Fees**

<b>Number of Children</b>	<b>Parishioners</b>	<b>Non-Parishioners</b>
1 Child	\$100.00	\$200.00
2 Children	\$185.00	\$370.00
3 + Children	\$265.00	\$530.00
<b>Middle School Day Retreats &amp; Bus Fee (6-8 grades)</b> 1. St. John Bosco Youth Day (Holy Hill) 2. Encounter with the Archbishop (Carroll University) 3. Wisconsin Catholic Youth Rally (Carroll University)	\$65.00	\$65.00

**FOR OFFICE USE ONLY**

<b>AMOUNT REC'D</b>	<b>CASH/CHECK</b>	<b>DATE</b>	<b>BALANCE</b>

**St. Roman Catholic Church**  
**Christian Formation Program Emergency Contact & Picture/Video Consent Form K-8<sup>th</sup>**  
**2018-2019**

**Emergency Contact**

Student Name: \_\_\_\_\_ Grade (18-19) \_\_\_\_\_  
Last First Middle

Student Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

***The following persons (other than parent with custody) are authorized to take my child from St. Roman Faith Formation Program, upon condition that the Director is notified in writing or by phone:***

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

My child has permission to walk home from St. Roman Faith Formation Program classes or events: \_\_\_\_ Yes \_\_\_\_ No

Every family is responsible for having and understanding as to where their child should go in the event of early dismissal due to bad weather or other emergency.

If parents cannot be reached when child is ill, please notify:

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

Signature of Parent \_\_\_\_\_

List any physical conditions, allergies or medication your child may be taking:

\_\_\_\_\_

**Note: Parents or guardians are responsible for emergency medical treatment or expenses**

**Picture/Video Consent**

I, \_\_\_\_\_ consent to the use by St. Roman Catholic Church 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. Roman Catholic Church 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade (2018-19) \_\_\_\_\_