



St. Mary Parish

Christian Formation | Registration Form 2018-2019

FAMILY INFORMATION

Father's Name (First, Last): _____

Mother's Name (First, Last, Maiden): _____

Preferred Phone Number: _____

Preferred Email(s)*: _____

Preferred Mailing Address (including City, State, Zip): _____

**Note that e-mail will be the primary method of communication. Please provide an update e-mail address.*

CHILD #1 INFORMATION

Child's Name (First, Last): _____

Birth Date (MM/DD/YYYY): _____ Age: _____ M F

Grade Entering: _____ School: _____

Formation Program:

☐ Monthly Family Formation sessions (*grades 1, 3-10*)

☐ Catechesis of the Good Shepherd

☐ First Reconciliation and First Communion Preparation, Sunday Morning

☐ Confirmation Preparation, Sunday morning

Sacraments Received:

☐ Baptism Date: _____

☐ Reconciliation Date: _____

☐ Eucharist Date: _____

Special Needs (Medical/Physical/Learning):

CHILD #2 INFORMATION

Child's Name (First, Last): _____

Birth Date (MM/DD/YYYY): _____ Age: _____ __M __F

Grade Entering: _____ School _____

Formation Program:

☐ Monthly Family Formation sessions (*grades 1, 3-10*)

☐ Catechesis of the Good Shepherd

☐ First Reconciliation and First Communion Preparation, Sunday Morning

☐ Confirmation Preparation, Sunday Morning

Sacraments Received:

☐ Baptism Date: _____

☐ Reconciliation Date: _____

☐ Eucharist Date: _____

Special Needs (Medical/Physical/Learning):

CHILD #3 INFORMATION

Child's Name (First, Last): _____

Birth Date (MM/DD/YYYY): _____ Age: _____ __M __F

Grade Entering: _____ School _____

Formation Program:

☐ Monthly Family Formation sessions (*grades 1, 3-10*)

☐ Catechesis of the Good Shepherd

☐ First Reconciliation and First Communion Preparation, Sunday Morning

☐ Confirmation Preparation, Sunday Morning

Sacraments Received:

☐ Baptism Date: _____

☐ Reconciliation Date: _____

☐ Eucharist Date: _____

Special Needs (Medical/Physical/Learning):

CHILD #4 INFORMATION

Child's Name (First, Last): _____

Birth Date (MM/DD/YYYY): _____ Age: _____ M F

Grade Entering: _____ School: _____

Formation Program:

☐ Monthly Family Formation sessions (*grades 1, 3-10*)

☐ Catechesis of the Good Shepherd

☐ First Reconciliation and First Communion Preparation, Sunday Morning

☐ Confirmation Preparation, Sunday Morning

Sacraments Received:

☐ Baptism Date: _____

☐ Reconciliation Date: _____

☐ Eucharist Date: _____

Special Needs (Medical/Physical/Learning): _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to child: _____

Phone: _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Allergies (per child): _____

Medications (if we need to know about them): _____

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of Parent/Legal Guardian: _____

PHOTO/INFORMATION RELEASE

I, (parent/legal guardian) _____, hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by St. Mary Parish, Menomonee Falls, and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of St. Mary Parish and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to St. Mary Parish and/or the Archdiocese's use of this/these photographs. I give permission to have my/my child(ren)'s address, phone number and email published in a Religious Education Directory.

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Name of Child(ren): _____

Date signed: _____

| REGISTRATION AND SACRAMENTAL FEES | | |
|--|------------------------|--|
| Program | Cost per # of children | <i>Example: family of 4, grades 2, 5, 7 and 11</i> |
| <i>Grades 1, 3-10 Family Formation</i> | \$50 X ____ = _____ | <i>\$50 X _2_ = _\$100_</i> |
| <i>Catechesis of the Good Shepherd</i> | \$175 X ____ = _____ | <i>\$175 X _0_ = _0_</i> |
| <i>First Communion Preparation</i> | \$215 X ____ = _____ | <i>\$215 X _1_ = _\$215_</i> |
| <i>Confirmation Preparation</i> | \$290 X ____ = _____ | <i>\$290 X _1_ = _\$290_</i> |
| <i>Reduction for additional children</i> | \$-10 X ____ = - _____ | <i>\$-10 X _3_ = _-\$30_</i> |
| TOTAL | \$ | \$575 |

Registration and full payment is due on or before July 16, 2018. Please deliver or mail registration and payment to the parish office:

St. Mary Parish
c/o Christian Formation
N89 W16297 Cleveland Ave
Menomonee Falls, WI 53051