



# 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	Example: family of 4, grades 2, 5, 7 and 11
Grades 1, 3-10 Family Formation	\$50 X ___ = _____	\$50 X __2__ = __\$100__
Catechesis of the Good Shepherd	\$175 X ___ = _____	\$175 X _0__ = __0__
First Communion Preparation	\$215 X ___ = _____	\$215 X _1__ = __\$215__
Confirmation Preparation	\$290 X ___ = _____	\$290 X _1__ = __\$290__
Reduction for additional children	\$-10 X ___ = - _____	\$-10 X _3__ = __-\$30__
<b>TOTAL</b>	<b>\$</b>	<b>\$575</b>

**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