

St. Mary's Parish Faith Formation Registration 2023-2024 Grades 1-10

Family Information		
Father's Full Name:		Religion:
Address:	City:	Zip:

Mother's Full Name:		Religion:
<i>If different than Father's, please provide Mother's address</i>		
Address:	City:	Zip:
Preferred phone for Family:		Can you receive text messages? Y N
Preferred email for Family:		

If two addresses are listed, where would you like information sent? <input type="checkbox"/> Father <input type="checkbox"/> Mother	
Emergency Contact Name: <small>Someone other than the parent</small>	Phone:

Parish Membership
<input type="checkbox"/> We are members of St. Mary's Immaculate Conception <input type="checkbox"/> We would like to become members of St. Mary's Immaculate Conception <input type="checkbox"/> Other _____

Program Fees		
Family Program (check number of students) <input type="checkbox"/> 1..... \$100 <input type="checkbox"/> 2\$180 <input type="checkbox"/> 3+ \$250	At Home Program _____ x \$75 each (number of students) No discounts apply.	Sacrament registration, fees and programming (Confession, First Communion or Confirmation) are separate from this Faith Formation program. You will receive a separate registration form for those programs if your child is of eligible age.

<p align="center">Full payment is due with registration form.</p> <p> <input type="checkbox"/> Payment in full <input type="checkbox"/> Request Payment Plan <input type="checkbox"/> Request Financial Aid </p> <p align="center">ALL REGISTRATIONS AND PAYMENT DUE BY AUGUST 1, 2023.</p> <p><i>Fees are non-refundable. No student will be denied Catholic Formation classes for financial reasons. Please contact the Parish Office for more information on tuition assistance or payment plans.</i></p>
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<p align="center">Please return this form no later than Aug. 1. Make check payable to:</p> <p align="center">St. Mary's Religious Education Program, 415 Roosevelt Dr., West Bend, WI 53090</p> <p align="center">Or pay online at: https://stmaryparishwb.weshareonline.org/ws/opportunities/RelEd</p>
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For Office Use Only

Date Received:	Deposit Amount: \$ _____ A.C.	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date _____ <input type="checkbox"/> Scrip
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Child Information (Please provide information for all students who will be in a Faith Formation program.)				
	Child #1	Child #2	Child #3	Child #4
Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:				
School Student Attends:				
Grade in Sept. 2023:				
Child Lives With: (Please write "Both", "Only Mom", "Only Dad", or "Shared")				
Please list any special needs child may have: (For example: allergies, learning difficulties, etc.)				
Please check all the Sacraments child has received:				
	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism
	<input type="checkbox"/> Confession	<input type="checkbox"/> Confession	<input type="checkbox"/> Confession	<input type="checkbox"/> Confession
	<input type="checkbox"/> Communion	<input type="checkbox"/> Communion	<input type="checkbox"/> Communion	<input type="checkbox"/> Communion
	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation
Program Registration (Please check one):				
	<input type="checkbox"/> Gr. 1-8, Tuesday Evening	<input type="checkbox"/> Gr. 1-8, Tuesday Evening	<input type="checkbox"/> Gr. 1-8, Tuesday Evening	<input type="checkbox"/> Gr. 1-8, Tuesday Evening
	<input type="checkbox"/> Gr. 9-10, Sunday Evening	<input type="checkbox"/> Gr. 9-10, Sunday Evening	<input type="checkbox"/> Gr. 9-10, Sunday Evening	<input type="checkbox"/> Gr. 9-10, Sunday Evening
At-Home Program	<input type="checkbox"/> Gr. 1-8, At Home	<input type="checkbox"/> Gr. 1-8, At Home	<input type="checkbox"/> Gr. 1-8, At Home	<input type="checkbox"/> Gr. 1-8, At Home

Archdiocese of Milwaukee, Release of Information, Photography & Video Consent

I, the parent/legal guardian listed on this form, hereby consent that any still or electronic image and/or audio recording, in which I or my child (ren) listed above may appear, may be used by the Catholic Parishes of West Bend/Newburg and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of the Catholic Parishes of West Bend/Newburg 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 the Archdiocese's use of this/these photographs.

Signature of Parent/Legal Guardian: _____ Date: _____