St. Boniface Faith Formation 2023-2024 Registration Form - Grades K4-Youth Confirmation

Please return by August 20, 2023.

Payment enclosed For office use only:	No child will be	65.0 Icill 70.0	Please note any pertinent information that may affect your child's participation in faith medications, family or extra-curriculars)		Student Name First Last		Are you a registere parish?	Catholic: Fat	Parents Marital Status: Custody:Jo	Cell #	Home#	Street	Mailing Address	First	Father's Name	Family Information
Monthly payments check #	No child will be denied faith formation!	on Sacrament Fee \$70	r extra-curriculars)		Grade Sex 23/24 M/F	(Name of parish & location)	Are you a registered member of St. Boniface? parish?	Father - Yes No	MarriedSole	Profession	Email address	eet		Last		
	on!	oci raility)	ay affect your ch		School /F	(1)	face? YesNo_	Mother -	Divorced SingleFather			City		Yes/No if ye	Safeguarding class	
Financial assistance date		Tuition Sacrament Fee Total Due checks payabl	nild's participa		Date of Birth			Yes	le WidowedMother	Cell #	Hon	Zip Code	Mai	onth/Year		
_Scrip e	Qı	e to St. Boniface			Student Email Grade 9-Confirmation		Are you a registered member at another parish? Yes	No	Separated (check one)	1#	Home #		Mailing Address	First	Mother's Name	
, kascı	Questions please call 262-628-8143 or email	St. Bon W204N11 Germa	ition activit				ber at anoth		(circle one)			Street		st		
OVER =>	se call 262	ayment to ifface Pa 940 Gol	ies here		Baptism 1^{st} Y=Yes 1^{st}		er parish			Profession	Email address			Last		
OVER =>	2-628-8143	St. Boniface Parish Office W204N11940 Goldendale Road Germantown, WI 53022	(e.g. Healt		1 st Eucharist Y=Yes					on	lress	City		Y	Safeon	
	or email	Return with payment to mail slot at rectory or mail to: St. Boniface Parish Office W204N11940 Goldendale Road Germantown, WI 53022	formation activities here (e.g. Health info, allergies,		1 st Reconciliation Y=Yes		No If so what				Ļ	Zip Code		Yes/No if yes Month/Year	Safeonardino class	

Share Your Gifts

The Archdiocese of Milwaukee requires all adults who have contact with minors in a parish and/or school setting must attend a Safeguarding session, fill out a background check, and read the Code of Ethics prior to volunteering. Contact Carolyn Gall cgall@stbonifacewi.org in the parish rectory for more information.

I want to volunteer (please check all that apply):

Faith I	Formation Commission	
Wedne	sday evenings	
Sunday	v mornings	
Classro	oom	
At hon	ne	
Specia	Event	
Chaper	one/Field Trip	
Release of Informa	tion 2023-2024	
addresses, phone number families. For inclusion in permission needs to be of minors, from their parent	should establish policies regarding the releases, and images of students, faculty, staff, and so directories, brochures, websites, or any other bitained from the individual(s) involved, and influenced in General group pictures of student attion of individuals are not subject to this polynomials.	school er medium in the case of ts, staff, etc.
I,(Printed Name of Par	, consent to the use by St. Bonifa	ce School/Parish
of any videotape, photograp which I or my child(ren) ma understand that these materi School/Parish . Such promo recruitment, fund-raising, as Boniface School/Parish fro child(ren)'s picture or voice Pictures are strictly for paris	h, audiotape or any other visual or audio repry appear as a participant in St. Boniface progals are being used for promotion of St. Bonifational activities extend to website, parish new livocacy, etc. I release the staff, volunteers, etc many liability connected with the use of my recording as part of any of the above or similar huse and at no time, without consent, will an Release is in place for the duration of our participants.	grams. I face vsletter, c. of St. or my lar activities. ny names be
Signature of Parent	OVER \Longrightarrow	·