

CHRISTIAN FORMATION REGISTRATION FORM - 2018/2019

Family Name: **Head of Household:** Last Name: _____ First Name: _____ Parish: _____
Spouse: Last Name: _____ First Name: _____

Family Info: Street Address: _____ City/State: _____ Zip Code: _____
Father Email: _____ Mother Email: _____
Home Phone Number: _____ Description: Home Cell Unlisted: Yes No

Father/Guardian Information:

Name: _____ Cell #: _____ Parish: _____
Marital Status: _____ Occupation: _____ Spouse's Name: _____
Address (if different from above): _____ City/State/Zip: _____
Does Child Reside with This Parent? Yes No Joint Custody Send Correspondence to This Parent? Yes No
Does This Parent Have Permission to Access Student Information? Yes No

Mother/Guardian Information:

Name: _____ Cell #: _____ Parish: _____
Marital Status: _____ Occupation: _____ Spouse's Name: _____
Address (if different from above): _____ City/State/Zip: _____
Does Child Reside with This Parent? Yes No Joint Custody Send Correspondence to This Parent? Yes No
Does This Parent Have Permission to Access Student Information? Yes No

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Photo Release: I hereby consent that one or more photographs may be taken of me or my dependents. I authorize the Archdiocese of Milwaukee and/or St. Paul the Apostle Parish to use these photos in any way it deems appropriate. I understand and agree that the use of these pictures are not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of this/these photographs by the Archdiocese St. Paul the Apostle Parish.

Names of Child/ren: _____

Parent's Signature: _____ Date: _____

Volunteering: I would be interested in volunteering in some capacity. Yes No (See last page for details on how you can help.)

OFFICE USE ONLY: Date Received: _____ Amount: _____ Check #: _____ Family ID #: _____

STUDENT # 1

Child's Name: _____

Grade (as of 9/1/18): _____ Sex: Male Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

Baptism

Eucharist

Confirmation

Date: _____

Church: _____

City/State: _____

Medical Information: *Please list any allergies, learning disabilities, or other health issues we should be aware of:* _____**STUDENT # 2**

Child's Name: _____

Grade (as of 9/1/18): _____ Sex: Male Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

Baptism

Eucharist

Confirmation

Date: _____

Church: _____

City/State: _____

Medical Information: *Please list any allergies, learning disabilities, or other health issues we should be aware of:* _____**STUDENT # 3**

Child's Name: _____

Grade (as of 9/1/18): _____ Sex: Male Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

Baptism

Eucharist

Confirmation

Date: _____

Church: _____

City/State: _____

Medical Information: *Please list any allergies, learning disabilities, or other health issues we should be aware of:* _____**STUDENT # 4**

Child's Name: _____

Grade (as of 9/1/18): _____ Sex: Male Female

Date of Birth: _____

School Name: _____

Cell Phone: _____ Email: _____

Baptism

Eucharist

Confirmation

Date: _____

Church: _____

City/State: _____

Medical Information: *Please list any allergies, learning disabilities, or other health issues we should be aware of:* _____

Registration Forms are due to the Parish Office on/before August 15, 2018 in order to receive the Early Registration Discount. Registrations received after August 15th are subject to a higher rate.

Please select the Program/s you are registering for:

	Start Date	Early Registration Discount Received on/before 8/15/18	Registration Fee AFTER 8/15/18		# Students Registering	Total Due for This Program
<input type="checkbox"/> Preschool (K3, K4, Kindergarten) Program: 1st 3 Sunday mornings 10:00-11:00 a.m.	10/7/18	\$45	\$55	X	_____	_____
<input type="checkbox"/> Elementary (1-5) Program: Sunday mornings 8:30-9:45 a.m.	9/30/18	\$65	\$80	X	_____	_____
<input type="checkbox"/> RCIA Adapted for Children (3-5) Sunday mornings 8:30-9:45 a.m.	9/30/18	\$65	\$80	X	_____	_____
<input type="checkbox"/> First Reconciliation/First Eucharist Preparation Fee (For children in grade 2, with 1 year of prior preparation)		\$65	\$65	X	_____	_____
<input type="checkbox"/> Middle School (6-8) Program: 2nd and 4th Sundays 6:00-8:00 p.m.	9/23/18	\$80	\$100	X	_____	_____
<input type="checkbox"/> High School (9 & 10) Program: 1st and 3rd Sundays 6:00-8:00 p.m.	9/16/18	\$100	\$125	X	_____	_____
<input type="checkbox"/> Confirmation Preparation Program (Includes retreat fee): 1st and 3rd Sundays 6:00-8:00 p.m.	9/16/18	\$130	\$155	X	_____	_____

Entire Fee is Enclosed

1/3 of my total balance is enclosed. Please send an invoice for my 2nd and 3rd installment

Please send a Financial Assistance Form to me. (Financial Assistance only given to members of St. Paul the Apostle.)

Total Amount Due	\$ _____
------------------	----------

Sacrament Information:

- Children prepare for both Sacraments of Reconciliation & Eucharist in Grade 2. Children must have completed Grade One in either a Christian Formation Program or a Catholic Grade School. Students in Grades 3-5, never previously enrolled in a Parish Christian Formation Program, should register for the RCIA Adapted for Children Program. Students will learn the basics of the Catholic faith as well as prepare for the Sacraments.
- Teens preparing for the Sacrament of Confirmation must be 16 years old, a junior in High School, and have completed at least one year of either a Christian Formation High School Program, or at least 2 semesters of Catholic High School religion courses. All candidates of Confirmation are required to participate in a Confirmation Retreat.
- For children and youth receiving Sacraments, additional Sacrament Registration Forms will be sent to you once your program registration is complete. Please note that you will not receive materials for the Sacraments until the fees are paid.

Please make checks payable to St. Paul the Apostle & send to: St. Paul the Apostle Parish, c/o Jennie Wiseman, 6400 Spring Street, Mt. Pleasant, WI 53406. Installment payments are due October 30th & December 30th. Invoices are emailed out approximately 2 weeks before these dates.

VOLUNTEER INFORMATION

I am interested in volunteering for:

Catechist:

_____ **Preschool** (ages 3-5)

_____ **Elementary** (grades 1-5) please indicate a grade level if you prefer one _____

_____ **Middle School** (grades 6-8)

_____ **High School** (grades 9-10)

_____ **Confirmation** (age 16 and 11th grade)

_____ **Substitute Catechist** please indicate grade level _____

_____ **Assistant Catechist** please indicate grade level _____

_____ **Hall/Door Monitor:** Provide entry to late students

Please indicate time interested in _____

_____ **Help at Sacrament workshops**

_____ **Office help:** Preparation of material for classes, workshops or for student take home