

St. Paul Parish Faith Formation REGISTRATION FORM

Due July

FAMILY INFORMATION

Last Name _____ Primary Ph: _____

Address: _____ City: _____ Zip: _____

Primary Email: _____

Note: Email is the primary method we will use to communicate with you

2nd Email (if emails should be sent to a 2nd place): _____

Registered Parishioners Of: St. Paul St. Bruno Other _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

STUDENTS' PRIMARY RESIDENCE: Both Parents Joint Custody Mother Father Guardian

Student's Secondary Residence (if applicable): Mother Father Other: _____

Address: _____ City: _____ Zip: _____

PROGRAM OPTIONS - *Select on back page*

FAM - Family Program: K3-8th Grade: Grow in faith with your entire family! Meets Sunday, 9:45am-12pm, begins Sept. 18

CGS - Catechesis of the Good Shepherd: K3-K5: meets Sunday, 9:45-10:50am, begins Sept. 18

SUN-1st GR - Sunday Morning 1st Grade: meets Sunday morning, 9:45-10:50am, begins Sept. 18

TUES (TUESDAY EVE): 1st - 5th Grade: meets Tuesday 6-7:30pm, begins Sept 13

MS - Middle School Sunday: 6th-8th Grade Edge Program meets Sunday nights, 6:30-8:00pm, begins Sept.11

HS-PM - High School Sunday: 9th-11th Grade Program meets Sunday nights at St. Paul, 6:30-8:00pm, begins Sept.11

HS-AM - High School Sunday: 9th-11th Grade Program meets Sunday mornings at St. Bruno, 9:00-10:20am, begins Sept.11

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STUDENT PROGRAM COSTS

K3-8th Grade: \$95 per student (\$95 x _____ # of K3-8th) = \$ _____

High School: \$165 per student (*includes overnight retreat*) (\$165 x _____ # of hs) = \$ _____

Family Discount: 20% off for families with 4 or more youth enrolled K3-12th Gr. (Subtotal x 20%) - \$ _____

New Subtotal = \$ _____

ADDITIONAL FEES

Family Program Fee: only for Family Program; in addition to children's class fees \$60 per family + \$ _____

1st Communion Prep Fee: for retreats/supplies related to 1st Communion (\$30 x _____ # of youth) + \$ _____

Non-parishioner fee: Add \$50 per child if not a registered parish member (\$50 x _____ # of youth) + \$ _____

Late Fee: Due if registration is submitted after July 15 \$10 late fee + \$ _____

Help a Child: I'd like to donate to help a child/teen receive faith formation fee assistance. Donation Amount + \$ _____

Faith Formation Fee TOTAL \$ _____

Pay in full with registration.

Pay ½ with registration and the other ½ by October 17, 2016

Payment Plan: 6 monthly payments Sept-Feb.

Fee Assistance Requested

MAKE CHECKS PAYABLE TO: ST. PAUL PAYMENT: \$ _____ BALANCE DUE: \$ _____

Return completed form to: St. Paul Faith Formation, PO Box 95, Genesee Depot, WI 53127

PHOTOGRAPHY & VIDEO CONSENT AND AUTHORIZATION

I hereby consent that photographs or videos may be taken of me or my dependents. I authorize the Archdiocese of Milwaukee, St. Paul Parish, and/or St. Bruno Parish to use these photos and/or videos for promotional purposes. I understand and agree that the use of these pictures is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of these photographs and/or videos by the Archdiocese of Milwaukee, St. Paul Parish and/or St. Bruno Parish.

I do NOT consent to the use of photographs or videos, for program promotional purposes, of myself or my dependents.



Parent Signature: _____ Date: _____

Please fill in the below chart for each student you are registering:

Student Name	Birthdate	Gender	16-17 Grade (K3-11)	School	Student Contact Info** (MS & HS Only)		Program (Circle One)
					Cell Phone	Student Email	
		M / F					FAM CGS SUN-1st TUES MS HS-PM HS-AM
		M / F					FAM CGS SUN-1st TUES MS HS-PM HS-AM
		M / F					FAM CGS SUN-1st TUES MS HS-PM HS-AM
		M / F					FAM CGS SUN-1st TUES MS HS-PM HS-AM
		M / F					FAM CGS SUN-1st TUES MS HS-PM HS-AM

***By providing your student's contact information you give permission for St. Paul Staff and small group leaders to contact them with class-related reminders and information*

HEALTH INFORMATION: If your child/ren have any health/learning/behavior issues you would like us to be aware of, please inform us below or include a separate letter. This will be kept strictly confidential. _____

EMERGENCY CONTACT: *Emergency contact if parent cannot be reached.*



Contact: _____ Relationship: _____ Tel #: _____
(other than parent)

In the event of an emergency, I consent to have my child given emergency medical treatment as needed until I can be reached. _____

Parent Signature