

West Bend/Newburg Catholic Parishes Faith Formation Registration 2018-2019 • Grades K-12

Family Information		
Father's Full Name:	Religion:	
Address:	City:	Zip:
Home Phone # :	Cell Phone # :	
Email Address:	Can you receive text messages?	

Mother's Full Name:	Religion:	
<i>If different than Father's, please provide Mother's address and phone number</i>		
Address:	City:	Zip:
Home Phone # :	Cell Phone # :	
Email Address:	Can you receive text messages?	

If two addresses are listed, where would you like information sent? Father Mother

Parish Membership	
<input type="checkbox"/> We are members of (circle one): HA SFC SMIC HT-N	
<input type="checkbox"/> We are members of _____ Church (additional \$50 fee)	
<input type="checkbox"/> We would like to register with (circle one): HA SFC SMIC HT-N	

Program Fees		
Non-Cluster (HA, SFC, SMIC, HT-N) Fee is an additional \$50 per family		
PLEASE SEE FAITH FORMATION BOOKLET FOR MORE INFORMATION ON EACH PROGRAM.		
Classroom & Retreat Programs (check number of students) <ul style="list-style-type: none"> <input type="checkbox"/> 1 \$90 <input type="checkbox"/> 2 \$170 <input type="checkbox"/> 3..... \$240 <input type="checkbox"/> 4+..... \$300 	At Home Program _____ x \$30 each (number of students) No discounts apply	Family Program (K-12) <input type="checkbox"/> \$160 per family <i>NEW this year!</i>

\$30 deposit is due with registration. The remaining balance will be billed in August.

**** Early-Bird Discount of \$15 per child if received by 7/1/2018.****

The Catholic Formation policy states: "No student will be denied Catholic Formation classes for financial reasons." Please contact your Parish Office for more information on tuition assistance or payment plans.

Please return this form and make check payable to the parish whose program you are registering:

- Holy Angels, 138 N. 8th Avenue, West Bend, WI 53095
- Saint Frances Cabrini, 1025 S. 7th Avenue, West Bend, WI 53095
- Saint Mary's Immaculate Conception, 406 Jefferson Street, West Bend, WI 53090

(OVER)

For Office Use Only

Date Received:	Deposit Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date _____
	\$ _____ A.C.	

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Child Information (Please provide information for all students who will be in one of these Faith Formation programs.)				
	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. 2018:				
Child Lives With: <i>(Please write "Both", "Only Mom", "Only Dad", or "Shared")</i>				
Please list any special needs child may have: <i>(For example: allergies, learning difficulties, etc.)</i>				
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"/> Reconciliation	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Reconciliation
	<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 <i>(Please check one):</i>				
	<input type="checkbox"/> Gr. 1-8, Sunday, HA	<input type="checkbox"/> Gr. 1-8, Sunday, HA	<input type="checkbox"/> Gr. 1-8, Sunday, HA	<input type="checkbox"/> Gr. 1-8, Sunday, HA
(See the Faith Formation	<input type="checkbox"/> Gr. 1-8, Tuesday, SMIC	<input type="checkbox"/> Gr. 1-8, Tuesday, SMIC	<input type="checkbox"/> Gr. 1-8, Tuesday, SMIC	<input type="checkbox"/> Gr. 1-8, Tuesday, SMIC
Booklet for more details	<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
on these programs.)	<input type="checkbox"/> Gr. 9-10, Sunday, SMIC	<input type="checkbox"/> Gr. 9-10, Sunday, SMIC	<input type="checkbox"/> Gr. 9-10, Sunday, SMIC	<input type="checkbox"/> Gr. 9-10, Sunday, SMIC
	<input type="checkbox"/> Gr. 9-10, Retreat Sat, HA	<input type="checkbox"/> Gr. 9-10, Retreat Sat, HA	<input type="checkbox"/> Gr. 9-10, Retreat Sat, HA	<input type="checkbox"/> Gr. 9-10, Retreat Sat, HA
	<input type="checkbox"/> Gr. K-12, Family Sun, SFC	<input type="checkbox"/> Gr. K-12, Family Sun, SFC	<input type="checkbox"/> Gr. K-12, Family Sun, SFC	<input type="checkbox"/> Gr. K-12, Family Sun, SFC
	<input type="checkbox"/> Gr. K-12, Family Wed, SFC	<input type="checkbox"/> Gr. K-12, Family Wed, SFC	<input type="checkbox"/> Gr. K-12, Family Wed, SFC	<input type="checkbox"/> Gr. K-12, Family Wed, SFC

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 Signed: _____