

**ST ALPHONSUS / HOLY CROSS / ST JOHN THE EVANGELIST  
2024-2025 Faith Formation Registration**

**FAMILY NAME:** \_\_\_\_\_ **PREFERRED EMAIL:** \_\_\_\_\_

**REGISTERED PARISHIONER at:**     **ST ALPHONSUS**     **HOLY CROSS**     **ST JOHN**     **NON-MEMBER**

**(All information is kept confidential)**

**PARENT INFORMATION** *(please print legibly)*

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father Email:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother Email:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

Who is responsible for getting the child(ren) to Faith Formation? \_\_\_\_\_

**Please indicate preferred method of contacting parent in the event of an emergency or class closing:**

**Email**                       **Father's Cell Phone**                       **Mother's Cell Phone**

**EMERGENCY CONTACT:** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**STUDENT INFORMATION:** *(age/grade student will be in September 2024)*

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>	<b>CHILD 4</b>
<b>NAME</b>				
<b>BIRTHDATE</b>				
<b>AGE</b>				
<b>GRADE</b>				
<b>SCHOOL ATTENDING</b>				
<b>BAPTISM DATE</b>				
<b>BAPTISM PARISH</b>				
<b>1<sup>ST</sup> RECONCILIATION (DATE)</b>				
<b>1<sup>ST</sup> COMMUNION (DATE)</b>				

**SPECIAL NEEDS:** Please describe any special needs your child may require. (Include medical conditions, allergies, learning disabilities, and/or other physical conditions)

**PERMISSION TO PUBLISH INFORMATION:** The Faith Formation Program has my permission to publish the name(s) and photo of my child(ren) in parish bulletins, newsletters, bulletin boards, and local newspapers. Yes  No   
If Yes, please indicate the name(s) of your child(ren) below:

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Information regarding your 4th-7th grade child(ren)'s name, address, gender, grade level, parish name and city will be shared with the Archdiocese of Milwaukee so Catholic schools can contact families regarding opportunities at their school.

X \_\_\_\_\_

**Signature of Parent or Legal Guardian**

**IMPORTANT SACRAMENT INFORMATION:**

- ❖ First Reconciliation will be celebrated in Grade 2
- ❖ First Holy Eucharist will be celebrated in Grade 2  
Parents are required to actively participate in the Sacramental Family Formation workbooks/events to prepare their children for both Sacraments.
- ❖ Confirmation will be celebrated in Grade 11

**Please attach your child's baptismal certificate if they will be receiving First Communion or Confirmation. If your child will be entering the Faith Formation program at 3rd Grade or higher, and has not made his/her First Reconciliation and/or First Holy Communion, you will need to make special arrangements with the Faith Formation Coordinator.**

**PARENTAL INVOLVEMENT:** Our Parishes Faith Formation Program is based on Pope John Paul II's letter that states ;"*Parents are the first and most important educators of their own children*" Our relationship with parents is to partner with you in the faith formation of your children. You will be asked to assist with the Program during the year. This is also in compliance with the Archdiocese of Milwaukee.

**FEES:**

1 Child: \$100 \_\_\_\_\_  
2 Children: \$175 \_\_\_\_\_  
3+ Children: \$225 \_\_\_\_\_  
Non-Member: Fee x 2 \_\_\_\_\_

**Additional Fees:**

First Communion/First Reconciliation year:(+50) \_\_\_\_\_  
Confirmation year (retreat): (+50) \_\_\_\_\_  
Early Bird Discount if paid in full by Aug 18 (-10) \_\_\_\_\_  
Catechist(100%)/Assistant(50%) Discount: - \_\_\_\_\_

**TOTAL FEES DUE:** \$ \_\_\_\_\_

**No student will be turned away due to financial hardship. If fees prove to be a hardship on any family, please contact the Parish Director or Faith Formation Coordinator. This will be kept confidential.**

PARENT / LEGAL GUARDIAN PERMISSION SLIP 6153(b)  
AND INDEMNITY AGREEMENT

Child / Ward: \_\_\_\_\_ Grade \_\_\_\_\_

Parish: **St. Alphonsus / Holy Cross / St. John the Evangelist Parishes**  
Designated Supervisor of Activity: **Parish catechetical staff and volunteers**  
Activity: **St. Alphonsus / Holy Cross / St. John the Evangelist Faith Formation Program**  
Date(s) of activity: **2024-2025 Catechetical year**

I consent to the participation of my child/ward in the above-named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above-named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

\_\_\_\_\_  
Parent / Legal Guarding Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number(s)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medication authorized for use during the activity \_\_\_\_\_

Allergies \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity:

\_\_\_\_\_  
\_\_\_\_\_

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.  
6153(b)

Archdiocese of Milwaukee

**Photography Release**

I hereby grant permission to the parishes listed above to use my child's photo on the parish website, parish bulletin, parish Facebook page, and any other promotional materials without further considerations.

My child's name will **not** be published on the parish website or parish Facebook page, but may appear in the parish bulletin.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date