

BLESSED TRINITY CATHOLIC PARISH - Faith Formation Program - Office: 521 Fair Street, Lodi, Wisconsin 53555

Mrs. Cindy Fischer, PK3 year olds - Grade 5 (608) 592-5711 x3 cfischer@btcatholic.us

Mr. Geno Finn, Grade 6-12 (608) 592-5711 x4 gfinn@btcatholic.us

2020-2021 HIGH SCHOOL FAITH FORMATION REGISTRATION AND CONTACT INFORMATION

Family Name: _____ Mother _____ Father _____
Registered Parish Members at: Blessed Trinity Parish OR Other Parish: _____

Mailing Address *(where child(ren) reside):* _____
_____ Street _____ City _____ Zip _____

Primary Phone Number: _____
Other phone numbers we may call should we need to contact a parent: Mother: Cell _____ Work: _____ Father: Cell _____ Work: _____

Primary email address: _____

DIRECT NOTICE of class cancellation/child emergency is to *(check all preferred):* home phone mother's cell or work father's cell or work email

Please complete name/address information for parent who does not live at the above address:

Mother Father Name: _____ Address: _____
Does this parent want to receive program communications? Yes No City _____ Zip _____

EMERGENCY INFORMATION

Emergency Contact (Who do we contact if we cannot reach a parent):

Name _____ Relationship to Child: _____
Phone Numbers: Home: _____ Cell: _____ Work: _____
Clinic/Hospital Preference _____ City: _____ Phone: _____
Health Insurance Carrier _____

Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of BLESSED TRINITY CATHOLIC PARISH staff/volunteer corps to administer necessary first aid and/or transport my child(ren) by ambulance if necessary to the above named clinic or associated hospital for medical care and treatment as deemed appropriate. I will not hold Blessed Trinity Catholic Parish, the Diocese of Madison or any staff/volunteers liable for any injuries my child(ren) may incur while participating in this supervised program.

Photography Consent Statement: I give permission that photographs of my children may be used to publicize program activities on the parish website, in newsletters and hallway displays, and in local and diocesan newspapers. I understand that with electronic publishing, whenever possible, names will not be included with photographs as a safety precaution.

PARENT SIGNATURE _____ Date: ____/____/____

-----**Section Below For R.E. Office Use Only**-----

Parish ID: _____ Date of Registration ____/____/____ Total Fee Assessed: _____ Paid with Registration: _____ Check No. _____ Initial: _____ Balance Due: _____ Payment 2: _____ Check No. _____ Date Pd. _____ Initial: _____
Retreat Fee Assessed: _____ Check No. _____ Initial: _____ Waiver of Fee Approval: _____ Date: _____ Volunteer Form Returned: _____ Program Support Donation Received: _____

GRADE LEVEL 2020-2021	9TH GRADE CONFIRMATION PREP FEES: \$90 per child Confirmation Retreat Date and Fees: TBD					
	10TH - 12TH GRADE (POST CONFIRMATION) FEES: \$25 per child					
	<i>Mark for Confirmation</i>	CHILD'S NAME <i>Print child's name on appropriate grade level line below</i>	Birthday D/M/Y	Male or Female	School child attends	CONCERNS: Physical, emotional, learning limitations or needs. PLEASE LIST ALL ALLERGIES or Pertinent Health Conditions
Gr. 9						
Gr. 10						
Gr. 11						
Gr. 12						

Child Name: _____

BAPTISM DATE: _____

Place of Baptism: _____

FIRST EUCHARIST DATE: _____

Place of First Eucharist: _____

CONFIRMATION DATE: _____

Place of Confirmation Prep: _____

Child Name: _____

BAPTISM DATE: _____

Place of Baptism: _____

FIRST EUCHARIST DATE: _____

Place of First Eucharist: _____

CONFIRMATION DATE: _____

Place of Confirmation Prep: _____

Note below any child listed above who is NOT baptized and /or who needs to prepare for and receive the sacraments of Reconciliation and/or Holy Eucharist.

Name: _____ Gr. __ Sacrament Preparation for __Baptism __Reconciliation __Holy Eucharist

Name: _____ Gr. __ Sacrament Preparation for __Baptism __Reconciliation __Holy Eucharist

**COMPLETE AND RETURN REGISTRATION FORMS WITH PAYMENT by Wednesday, August 19, 2020 to:
BLESSED TRINITY CATHOLIC PARISH: Faith Formation Office, 521 Fair Street, Lodi WI 53555**