



the **BASILICA**
of Saint Josaphat

2333 South Sixth Street
Milwaukee, WI 53066

A MINISTRY OF THE CONVENTUAL FRANCISCANS

414-645-5623 414-645-2216 www.thebasilica.org
tel. fax

Religious Education (BasiliKids & BasiliCREW) Registration Packet 2021-2022

Family Information:

Father's Name (First and Last): _____

Mother's Name (First and Last): _____

Preferred Mailing Address: _____

City/State/Zip: _____

Preferred Phone Number: _____

Preferred E-mail Address: _____

E-mail is the primary method of communication. Please make sure that it is provided and up to date.

Parish Information (Check one):

- We are registered parishioners of the Basilica.
- We would like to register as official parishioners of the Basilica.
- We are registered at another parish. (Please list): _____

Fees:

Please check one box according to the number of children in religious education Grades K-12:

- 1 child ... \$50
- 2+ children ... \$100

Note: Fees waived for catechists, classroom aides, and volunteers.

For Office Use Only:

Date received: _____

Staff initials: _____

Payment amount: _____

Date received: _____

- Cash
- Check # _____
- Online



the **BASILICA**
of Saint Josaphat

2333 South Sixth Street
Milwaukee, WI 53066

A MINISTRY OF THE CONVENTUAL FRANCISCANS

414-645-5623 414-645-2216 www.thebasilica.org
tel. fax

Child Information:

Please fill out for each child you are registering for Sunday Religious Education (BasiliKids & BasiliCREW) and/or Sacramental Preparation for First Reconciliation and First Communion.

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist



the **BASILICA**
of Saint Josaphat

2333 South Sixth Street
Milwaukee, WI 53066

A MINISTRY OF THE CONVENTUAL FRANCISCANS

414-645-5623 414-645-2216 www.thebasilica.org
tel. fax

Sacramental Preparation

Will your child/children be entering the Sacramental Preparation process for First Reconciliation and First Communion? YES NO

Will your child/children be entering the Sacramental Preparation process for Confirmation? YES NO

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Family: _____

Phone Number(s): _____

Medical Information:

Family Physician: _____ Phone: _____

Allergies:

Please list the name(s) and allergies that your child/children have: _____

Name(s) of Current Medication(s):

Please list the name(s) and current medication(s) along with the reason for taking that your child/children have:

Any other conditions that are important for the catechism team to know?

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of Parent or Guardian: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



the
BASILICA
of Saint Josaphat

2333 South Sixth Street
Milwaukee, WI 53066

A MINISTRY OF THE CONVENTUAL FRANCISCANS

414-645-5623 414-645-2216 www.thebasilica.org
tel. fax

Photo Release Consent:

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 listed above may appear, may be used by the Basilica of St. Josaphat Parish and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of the Basilica of St. Josaphat Parish 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:** _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Parental Involvement:

YES! I am interested in learning more about being a:

- Parents group leader**
- Hospitality minister** (*make snacks for parents and students to share*)
- Cleaning crew** (*help catechists with setup & takedown*)
- Substitute catechist / classroom aide** (*including reading and craft helpers*)
- Sacramental Preparation Team Member**
- FOCCUS mentor couple for marriage preparation**