

St. Paul Parish Faith Formation REGISTRATION FORM

Due September 1, 2020

FAMILY INFORMATION

Last Name _____ Primary Phone: _____

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* _____
(*additional fee for non-parishioners)

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: _____

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)

ALL FEES ARE DUE BY NOVEMBER 15, 2020.

PROGRAM OPTIONS

***FAM – Family Program K3-5th Grade:** Grow in faith with your entire family! Meets on Sunday mornings.

***At Home Family Version K3-8th:** Families learn their faith together at home.

CGS – Catechesis of the Good Shepherd: K3-K5: Montessori based formation on Sunday mornings.

***Awaken: 1st-5th Grade:** Tues or Wed 6-7:30pm.

***Edge– Middle School:** (6th-8th Grade) Youth Ministry Sunday 4-5:30pm or 6-7:30pm, Tues or Wed 6-7:30pm.

***Please note there are changes from previous years-please carefully read the letter that you received explaining everything.**

PROGRAM COSTS

K3-8th Grade: \$100 per student (\$100 x _____ # of K3-8th) = \$ _____

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

New Subtotal = \$ _____

Family Program Fee: (Covers cost of Family Program in addition to children's class fees) \$100 per family + \$ _____

1st Communion Prep Fee (MUST BE A REGISTERED PARISHIONER of St. Paul) (\$45 x _____ # of youth) + \$ _____

ADDITIONAL FEES

Non Parishioner Fee (PER FAMILY) \$50 + \$ _____

Faith Formation Fee TOTAL \$ _____

- Pay in full with registration. Payment Plan: 3 equal payments on 15th of Sept, Oct., & Nov.
- Payment Plan: 2 equal payments on 15th of Sept & Oct Please send me information for fee assistance.

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. **(WE DO NOT** publish names with photos)

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	20-21 Grade (K3-8)	School	Grade School Programs <i>(Circle One)</i>	EDGE Middle School <i>(Circle One)</i>	Can you setup for Remote learning?	Special Needs: Medical, Learning, Physical or Allergies
		<input type="checkbox"/> Male <input type="checkbox"/> Female			FAM CGS AWAKEN Tues. 6-7:30pm AWAKEN Wed. 6-7:30pm	S 4-5:30pm S 6-7:30pm T 6-7:30pm W 6-7:30pm	Y N	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			FAM CGS AWAKEN Tues. 6-7:30pm AWAKEN Wed. 6-7:30pm	S 4-5:30pm S 6-7:30pm T 6-7:30pm W 6-7:30pm	Y N	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			FAM CGS AWAKEN Tues. 6-7:30pm AWAKEN Wed. 6-7:30pm	S 4-5:30pm S 6-7:30pm T 6-7:30pm W 6-7:30pm	Y N	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			FAM CGS AWAKEN Tues. 6-7:30pm AWAKEN Wed. 6-7:30pm	S 4-5:30pm S 6-7:30pm T 6-7:30pm W 6-7:30pm	Y N	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			FAM CGS AWAKEN Tues. 6-7:30pm AWAKEN Wed. 6-7:30pm	S 4-5:30pm S 6-7:30pm T 6-7:30pm W 6-7:30pm	Y N	

If you have questions about anything on this form, please contact Karen Farrell at 262-968-2276.

PROGRAM OPTIONS - See the letter and the reverse side for all program options.

ALL FEES ARE DUE BY NOVEMBER 15, 2020.