



# TRI - PARISH FAITH FORMATION CENTER

IMMACULATE CONCEPTION, SS. CYRIL & METHODIUS, ST. PETER CLAVER

834 New Jersey Ave. Sheboygan, WI 53081

## Registration for 2018-2019

FAMILY LAST NAME: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Child Lives with: \_\_\_both mom & dad \_\_\_mom & dad equal time \_\_\_primarily mom \_\_\_primarily dad

Email Address: \_\_\_\_\_

*\*Note: email is our **primary** way of sharing newsletters, closing and other information*

Preferred Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Registered Members of:

\_\_\_Immaculate Conception \_\_\_Ss. Cyril & Methodius \_\_\_St. Peter Claver \_\_\_ Other parish (\_\_\_\_\_)

**Emergency Information:** List the name and phone number of the person you have delegated to be contacted in there is an emergency **during class times if you are not available (required):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Program Time:

\_\_\_ Grades 1-8 on Wednesdays, 4:00-5:30 at Faith Formation Center

### Sacramental Preparation: (First Reconciliation/First Eucharist)

*A separate registration will be sent for Sacramental programs. First Reconciliation/First Eucharist (2<sup>nd</sup> Grade) registers in fall.*

### Student Information:

Name	Gender	Date of birth	Grade for Fall 2018	School	Sacraments Received:					
					Baptism		Reconciliation		Eucharist	
_____					Yes	No	Yes	No	Yes	No
_____					Yes	No	Yes	No	Yes	No
_____					Yes	No	Yes	No	Yes	No
_____					Yes	No	Yes	No	Yes	No

**Special Needs/Medical Information:** Please give us any information we may need regarding family living arrangements, medical needs, allergies, special learning needs, etc.

Child's Name:

Notes:

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**Photography Consent and Authorization**

I hereby consent that one or more photographs may be taken of the above student/s for use on the parish website or other uses the Tri-Parish Faith Formation center deems appropriate. I understand and agree that the use of these pictures is not an invasion of privacy.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ **Tuition**

**Information: :**

- Tuition: \$80/child (first two children in a family, no charge for additional siblings)

If you are not registered at a parish, please contact the parish office. Registration is a very simple process, and you must be registered at a parish to be enrolled in Religious Education.

Make checks payable to Tri-Parish Faith Formation. Partial payments are accepted; full payment is due by November 1, 2018. Tuition assistance is available. Please contact the Faith Formation Center.

Total Due: \$\_\_\_\_\_

Payment Included: \$\_\_\_\_\_ Date: \_\_\_\_\_ Balance: \$\_\_\_\_\_

Completed forms may be dropped off at the parish office or in the weekend collection in a separate, clearly marked envelope.