

2023-2024 Registration for Grades 4K-11th

Please return this form by Wednesday, September 6, 2023

If your child will be receiving First Eucharist or Confirmation this school year, you will be asked to fill out a second form

FAMILY/STUDENTS' LAST NAME _____

Father's Name: _____ Mother's Name: _____

Father's Religion: _____ Mother's Religion: _____

Child lives with: ___ Both Mom & Dad ___ Mom & Dad equal time ___ Primarily Mom ___ Primarily Dad

CONTACT INFO

Mailing Address: _____
Address City State Zip

Father Phone: _____ Mother Phone: _____

Email address/es: _____

Email is our primary means of sharing closings and other information. Please provide at least one email address to receive updates. o Our family would also like to receive the monthly RE newsletters by email.

Registered Members of:

- o Immaculate Conception o Ss. Cyril & Methodius o St. Peter Claver o Other parish (_____)

EMERGENCY CONTACT (Required)

In the case of an emergency during class hours, who should we contact besides you?

Name: _____ Relationship to child: _____ Phone: _____

STUDENT INFORMATION

-----Sacraments received-----

Table with columns: -First Name, Sex, DOB, Grade, School, Baptism, Reconciliation, Eucharist. Includes Yes/No options for sacraments.

SPECIAL NEEDS / MEDICAL INFORMATION

Please give us any information that may be helpful regarding medical needs, allergies, special learning needs, behavioral situations, disabilities, etc.

PHOTOGRAPHY CONSENT

I hereby consent that any still or electronic image and/or audio/video recording in which I or my child/ren may appear, may be used by Tri-Parish Faith Formation 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/recordings.

Signature of Guardian: _____ Date: _____

TUITION \$100/Student (\$200 max per family) Checks payable to: Sheboygan South Catholic Parishes.

Extra fees will apply for Sacrament years. Please see separate Registration Forms

Submit payments to the South Catholic Parishes office via dropbox or mail: 1439 S. 12 St., Sheboygan, WI 53081

For Office Use Only:

Total Due: \$_____ Payment: \$_____ Date: _____ Balance: \$_____ Received by: _____