



FAITH FORMATION PROGRAMS

IMMACULATE CONCEPTION, SS. CYRIL & METHODIUS, ST. PETER CLAVER
834 New Jersey Avenue, Sheboygan, WI 53081

2024-2025 Registration for Grades 4K-12th

****Please return this form by Friday, September 6th, 2024****

If your child will be receiving **First Eucharist or **Confirmation** this school year, you will be asked to fill out a second form later in the year. Extra fees will apply for Sacrament years.*

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 mode of communication. Please provide at least one email address to receive updates.

Registered Members of:

Immaculate Conception Ss. Cyril & Methodius St. Peter Claver 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-----

-First Name	Sex	DOB	Grade	School	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 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.**

OR pay with the "Vanco Mobile" App and select the Faith Formation Tuition payment category.

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

For Office Use Only:

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