

# Sheboygan South CATHOLIC PARISHES

Serving Immaculate Conception, Ss. Cyril & Methodius, St. Peter Claver Parishes  
Parish Office: 1439 S. 12<sup>th</sup> St. Sheboygan WI 53081 (920) 457-1077 ext. 150  
Lauren Monaghan, Co-Director of Christian Formation

## 2023-2024 SENIOR DISCIPLESHIP GROUP REGISTRATION FORM

Complete & Return to the Parish Office (address above) by September 15, 2023

Name of Student \_\_\_\_\_

Gender \_\_\_\_\_ Current School \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

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

### CONTACT INFORMATION

Student Email: \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Father's Phone/Cell: \_\_\_\_\_ Mother's Phone/Cell: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

### EMERGENCY CONTACT (Required)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

**SPECIAL NEEDS/MEDICAL INFORMATION** Please provide any information that may be helpful regarding medical needs, allergies, special learning needs, behavioral situations, disabilities, etc.

\_\_\_\_\_

**PARISH REGISTRATION:** Student is registered with parents at:

\_\_\_\_\_ Immaculate Conception \_\_\_\_\_ St. Peter Claver \_\_\_\_\_ St. Cyril & Methodius  
\_\_\_\_\_ Other \_\_\_\_\_ (name of parish)

### 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 Sheboygan South Catholic Parishes Christian Formation Center may deem appropriate. I understand and agree that the use of these pictures is not an invasion of privacy by signing below:

Signature of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**TUITION:** \$50. Please submit payments to the Sheboygan South Catholic Parishes office via drop box or mail: 1439 S. 12 St., Sheboygan, WI 53081