

# St. Rose St. Mary's Faith Formation Registration

140 Auto St. Clintonville, WI 54929

715-201-9913

www.ssrmparishes.org

Michelle Vosters, Coordinator of Children's Ministry

Maria Scherer, Coordinator of Youth Ministry

Tonya Branstrom, Faith Formation Administrative Assistant

## Family Information

Family Name: \_\_\_\_\_

I am a parishioner at: \_\_\_\_\_

Mother: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Best Phone Number to be reached at: \_\_\_\_\_

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

Father: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Best Phone Number to be reached at: \_\_\_\_\_

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

## Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Other Sacraments Received: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Other Sacraments Received: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Other Sacraments Received: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

## Emergency Information

Contact Other than Parent: \_\_\_\_\_

Phone Number for Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parents will always be contacted first. We need an additional contact in case parents cannot be reached.

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Fees

Faith Formation Tuition is Free! There is a First Communion Retreat Fee of \$30, a Confirmation Retreat Fee of \$50 and a Confirmation Prep Fee of \$25. There are also youth events such as Youth Jam, John Bosco Days, WI Catholic Youth Rally, etc. that there will be an extra charge for.

## Volunteer Sign Up

Please indicate what are willing to volunteer for.

Catechist: _____	Family Night Helper: _____
Substitute Catechist: _____	Edge Snacks: _____
Hall Monitor: _____	H.S. Dinner: _____
Prayer Tester: _____	Classroom Helper: _____
B.L.A.S.T. Helper _____	

## MEDICAL RELEASE

Initials
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My signature below empowers St Rose St Mary's Faith Formation authorities to exercise their own judgment in calling the physician listed on my child's registration form, or if not available, to transport the student to the hospital emergency department if medical attention is deemed necessary. I understand that I will be contacted immediately.

## HOLD HARMLESS AGREEMENT

As parent/guardian, I remain legally responsible for any personal actions taken by my child (student named above). I agree on behalf of myself, my child, or our heirs, successors, and assigns, to hold harmless and defend St Rose St Mary's Faith Formation, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

