2026-2027 Faith Formation Registration Form

Please return this form and tuition payment at your earliest convenience but no later than, August 28, 2026.

- *If your child will be receiving **First Eucharist** or **Confirmation** this school year, you will be asked to fill out a second form. Extra fees will apply for Sacrament years.*
- *If this is your child's first year in our faith formation program, please provide a baptismal certificate for our records.*

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 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) Make 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. 12th St., Sheboygan, WI 53081 OR pay online with the "Vanco Mobile" App, select Faith Formation Payment button. Payments can also be made on our website (www.sscparishes.org) using the "Online Giving" button.

For Office Use Only:

Total Due: $_____ Payment: $_____Date: _____ Balance: $_____ Received by: _____