

## 2021-2022 Registration for Grades 4K-11th

**\*\*Please return this form by Wednesday, September 22, 2021\*\***

**\*\*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.*

☐ **Our family would also like to receive the monthly RE newsletters by email.**

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

(Fall 2021)

-----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** \$80/Student (\$160 max per family) Checks payable to: **Sheboygan South Catholic Parishes.**

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

Please 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: \_\_\_\_\_