

St. Paul Faith Formation
 404 High Street
 Mosinee, WI 54455
 715.693.4030
 faithformation@stpaulmosinee.org

Office us only:
 Date_____ Amt Pd._____
 Auth._____

Registration 2018 - 19

Family Name _____
 Last Name (Father) (Mother's First and Maiden)

Parish where family is currently registered and active: _____

Student Information

First Name (surname if different)	Gender	Date of Birth	Grade Entering	School	Sacraments (Check if received)			Health Concerns/Special Needs Allergies, Learning Disabilities, etc.
					Baptism	Confession	Eucharist	
	M/F							
	M/F							
	M/F							
	M/F							

Parent/Guardian Information

Father's Name _____ Address _____ _____ <input type="checkbox"/> Check box if student resides at this address Employer: _____ Occupation: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Mother's Name _____ Address _____ _____ <input type="checkbox"/> Check box if student resides at this address Employer: _____ Occupation: _____ Work Phone _____ Cell Phone _____ Email: _____	Emergency Contact Name _____ Phone (H) _____ Cell _____ Relationship to Students _____ Information will be used only if parent cannot be contacted
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If 3rd grade or younger, who will pick up child from classroom _____

<p><u>Fees 2018-19</u> Due Upon Registration \$80.00/child \$20.00 Sacrament fee Gr. 2 & 10 Late fee \$10.00 if registered after 9/15/18</p>	<p><u>Liability Release</u> I hereby release and agree to hold harmless the Parish of St. Paul, the Diocese of La Crosse, or any person(s) affiliated with the event/class/trip/activity, from liability, claims and/or damages for personal injury, property loss or other damage which may result.</p> <p>Parent/Guardian Signature _____ Date _____</p>
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<p><u>Picture/Video Release</u> I hereby grant permission for my child/children named on this form to be photographed and/or videotaped during Faith Formation activities and events; and for the resulting photographs and/or video footage to be edited if necessary, and then published (newspaper, church bulletin, church websites, etc.) for the purpose of promoting activities of St. Paul's Catholic Church.</p> <p>Parent/Guardian Signature _____ Date _____</p>

Child's Name	Medical Facility/Doctor/Phone	Medications

Policies and Procedures

I understand that I am responsible for reading the student handbook and complying with the policies/procedures of St. Paul Faith Formation Program and will require my child/children to read handbook and comply also.

Parent Signature: _____

Date: _____

Verification of Parent Safe Environment Training

Parents and guardians are encouraged to review the Safe Environment Training materials located on the Diocese of La Crosse website: <http://www.dioceseoflacrosse.com/safe-EnvironmentJTraining.htm> (click on the button for "Parents") every year.

Check one

_____ I acknowledge that I have reviewed the (red book), *On Sexual Misconduct for the Diocese of La Crosse* and (green book), *Child Sexual Abuse Policy and Procedures of the Diocese of La Crosse*, and have also had a chance to view the Safe Environment Training video **on the Diocesan website**.

_____ I would prefer to come to the parish and receive the above books in hard copy and watch the video.

_____ I decline Safe Environment Training at this time. My reason for opting out is: _____

Parent Signature

Date

Verification of Safe Environment Training for Children

The Diocese of La Crosse provides Safe Environment training from the Catholic perspective to participating individuals in its programs. I acknowledge that the Diocese of La Crosse will offer my child/children Safe Environment education by the Charter for the Protection of Children and Young People and by the Safe Environment Program of the Diocese of La Crosse.

As the parent or guardian of the child/children listed below:

Check one

_____ I grant permission for my child/children to participate in the Safe Environment training, which will be offered in October.

_____ I am declining the training and do not want my child/children to participate in the Safe Environment Program.

My reason for opting out is: _____

Child(ren) Name(s) _____

Parent Signature

Date

School/Parish: St. Paul Parish City: Mosinee

