

**Annunciation of the Blessed Virgin Mary**  
**Youth Faith Formation Registration**  
 400 Congress St. · Viroqua, WI · 54665

Check if new address,  
 email or phone #

Father's Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_ Texts? Yes No

Mother's Name (Maiden): \_\_\_\_\_ Best Phone: \_\_\_\_\_ Texts? Yes No

Primary Guardian \_\_\_\_\_ Relationship? \_\_\_\_\_ Best Phone: \_\_\_\_\_  
 (if different from above)

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Email:(Yes No) \_\_\_\_\_

Catholic? **FATHER:** Yes No—what faith? \_\_\_\_\_ **MOTHER:** Yes No—what faith? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship? \_\_\_\_\_ Phone: \_\_\_\_\_

\*If not already a member, would you like to register at St. Mary's? Yes No\*

**List children enrolling in RE classes (First Communion, 5<sup>th</sup> Grade, & Confirmation)**

Full Name	Grade in the Fall	School Name	Birthdate	Baptism: Catholic? Y or N	Baptism: St. Marys? Y or N	Special Needs? Y or N

If you marked special needs (medical, learning, physical) please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PHOTO/MEDIA RELEASE

I understand that my consent grants the parish, The Annunciation of the Blessed Virgin Mary – Viroqua, the right to use, reproduce, and/or distribute photographs, videotapes, and sound recordings of my son(s) and/or daughter(s) for use in materials they may create. (Parish web site, parish bulletin, newsletters, etc.)

I give consent to have my child/ren's photo/media released.

I do not give consent to have my child/ren's photo/media released.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I rescind my consent to have my child/ren's photo/media released.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_