

Annunciation of the Blessed Virgin Mary

Youth Faith Formation Registration
 400 Congress St. · Viroqua, WI · 54665

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Primary Guardian (if different) _____ Phone: _____

Home Address: _____

City/Zip: _____ Email: _____

Catholic? **FATHER:** Yes No **MOTHER:** Yes No

Emergency Contact: _____ Phone: _____

All students registering for classes must be registered members of the parish

List children enrolling in RE classes (Pre-K – 12th Grade)

Name: First & Last (If different from above)	Grade in the Fall	School Name	Birthdate	Baptized Catholic?	Baptized at ABVM?	Made First Reconciliation?	Received First Communion?	Been Confirmed?	Special Needs?

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

Tuition (includes 1 Activity Book & 1 Parents' Guide) \$35/Family	Extra Activity Books (\$12/each, as available) _____	Total
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Date _____ Total Paid/Cash or Check# _____ Balance Due _____

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 _____