

# Youth Faith Formation Registration

Contact Parish Office or [StMaryFormation@mwt.net](mailto:StMaryFormation@mwt.net) with Questions

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Guardian (if different) \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

Which Parish do you belong to? **ABVM, Viroqua** or **St. Mary, Coon Valley**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### List children enrolling in RE classes (Pre-K – 12<sup>th</sup> Grade)

Name: First Name & Last (If different from above)	Grade this Fall	School Name	Birthdate	Baptized Catholic?	Received First Communion?	Been Confirmed?	Sacramental Prep this year?	Was Baptism at current parish?	Special Needs?

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

\_\_\_\_\_

**Tuition:** \$35/Family

See **PHOTO/MEDIA RELEASE** form on next page

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 \_\_\_\_\_