



St. Mary Catholic Faith Community Faith Formation

[2024-2025 Registration Form](#)

<p><u>Mother/Guardian's Information</u></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p>	<p><u>Father/Guardian's Information</u></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p>
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Session Days and Times

Family Faith Formation (4K-Grade 5) Sundays: 10:15am - 11:45am or Mondays: 5:30pm - 7:00pm
 *with parents / guardians

Edge (Grades 6-8) Sundays: 10:15am - 11:30am or Mondays: 6:00pm - 7:15pm

Life Teen (Grades 9-12) Sundays: 6:30pm - 8:00pm

Child's First and Last Name	Gender	Age	Birthdate	School	Grade Fall '24	Medical Issues, allergies, or learning issues	Session Day/Time <i>(see above)</i>

See next page for fee schedule

Fee Schedule

NEW for 2024

With our continued emphasis on the family as the primary formators of their children, we are happy to announce that our formation fee is now one fee for a family. Note that this registration form is for our parish faith formation programs only. *A separate registration form and fee are required for those that are seeking preparation to celebrate the sacraments that are listed below.* Please see our website or contact our office for those registration forms.

Family Fee	\$135
1st Reconciliation & 1st Eucharist	\$75
Teen Confirmation	\$75

Your registration is considered complete when submitted and accompanied by payment. You can drop off payment at the parish office, or mail it to:

St. Mary Catholic Formation
Attn: Debbie Cottone
9520 W. Forest Home Ave.
Hales Corners, WI 53130

Note: No one will be turned away because of an inability to pay. If you need tuition assistance, please contact Debbie Cottone in the Discipleship Office: (414) 425-2174, etc. 247

Medical Consent

In the event of an injury or illness, I/we give permission to transport my/our child to a hospital for emergency medical treatment. I/we also grant permission to any and all health care providers designated by St. Mary staff to provide all children listed above any and all necessary medical care related to the injury or illness. I/we further understand that I/we will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

Signature: _____ Date: _____

Photo/Video Consent and Authorization

I/we hereby consent that one or more photographs may be taken of my/our child(ren). I authorize St. Mary Catholic Faith Community to use these photos in any way it deems appropriate. I/we understand and agree that the use of my child(ren)'s picture is not an invasion of privacy. Neither I/us nor anyone claiming to be speaking on my/our behalf will later object to the Parish's use of this/these photographs or videotapes.

Signature: _____ Date: _____