

St. Bruno Parish Faith Formation
REGISTRATION FORM

Due July

FAMILY INFORMATION

Last Name _____ Primary Ph: _____

Address: _____ City: _____ Zip: _____

Primary Email: _____

Note: Email is the primary method we will use to communicate with you

2nd Email (if emails should be sent to a 2nd place): _____

Registered Parishioners Of: St. Bruno St. Paul Other _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

STUDENTS' PRIMARY RESIDENCE: Both Parents Joint Custody Mother Father Guardian

Student's Secondary Residence (if applicable): Mother Father Other: _____

Address: _____ City: _____ Zip: _____

PROGRAM OPTIONS - *Select on back page*

K-8th Grade: Meets 3 Sundays a month, see enclosed calendar, 9-10:15 am, begins September 11

HS-AM - High School Sunday Morning, 9th-11th Gr, meets Sunday mornings, 9-10:20am at St. Bruno, begins Sept. 11

HS-PM - High School Sunday Nights, 9th-11th Gr, meets Sunday nights, 6-8:30pm at St. Paul, begins Sept. 11

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STUDENT PROGRAM COSTS

K-8th Grade: \$90 per student $(\$90 \times \text{ ______ } \# \text{ of } K-8th) = \$ \text{ ______ }$

High School: \$100 per student $(\$100 \times \text{ ______ } \# \text{ of } HS) = \$ \text{ ______ }$

New Subtotal = \$ ______

ADDITIONAL FEES

1st Communion Prep Fee: for retreats/supplies related to 1st Communion $(\$30 \times \text{ ______ } \# \text{ of } youth) + \$ \text{ ______ }$

Confirmation Retreat Fee: fee for mandatory overnight retreat $(\$65 \times \text{ ______ } \# \text{ of } Children) + \$ \text{ ______ }$

Non-parishioner fee: Add \$50 per child if not a registered parish member $(\$50 \times \text{ ______ } \# \text{ of } youth) + \$ \text{ ______ }$

Late Fee: Due if registration is submitted after July 15 $\$10 \text{ late fee} + \$ \text{ ______ }$

Faith Formation Fee TOTAL \$ ______

***Catechists receive one \$90 credit toward registration fees, aides receive one \$45 credit toward fees*

I would like to be a: CATECHIST _____ AIDE _____ GRADE PREFERENCE _____

- Pay in full with registration.
- Payment Plan: 6 monthly payments Sept-Feb.
- Pay 1/2 with registration and the other 1/2 by October 17, 2016
- Fee Assistance Requested

MAKE CHECKS PAYABLE TO: ST. Bruno PAYMENT: \$ _____ BALANCE DUE: \$ _____

Return completed form to: St. Bruno Faith Formation, 226 W. Ottawa Avenue Dousman, WI 53118

PHOTOGRAPHY & VIDEO CONSENT AND AUTHORIZATION

I hereby consent that photographs or videos may be taken of me or my dependents. I authorize the Archdiocese of Milwaukee, St. Bruno Parish, and/or St. Paul Parish to use these photos and/or videos for promotional purposes. I understand and agree that the use of these pictures is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of these photographs and/or videos by the Archdiocese of Milwaukee, St. Bruno Parish and/or St. Paul Parish.

I do NOT consent to the use of photographs or videos, for program promotional purposes, of myself or my dependents.



Parent Signature: _____ Date: _____

Please fill in the below chart for each student you are registering:

Student Name	Birthdate	Gender	16-17 Grade (K5-11)	School	Student Contact Info** (MS & HS Only)		Program (Circle One)
					Cell Phone	Student Email	
		M / F					K5-5 th GR MS: 6-8 th GR HS-AM HS-PM
		M / F					K5-5 th GR MS: 6-8 th GR HS-AM HS-PM
		M / F					K5-5 th GR MS: 6-8 th GR HS-AM HS-PM
		M / F					K5-5 th GR MS: 6-8 th GR HS-AM HS-PM
		M / F					K5-5 th GR MS: 6-8 th GR HS-AM HS-PM

***By providing your student's contact information you give permission for St. Bruno Staff and small group leaders to contact them with class-related reminders and information*

HEALTH INFORMATION: If your child/ren have any health/learning/behavior issues you would like us to be aware of, please inform us below or include a separate letter. This will be kept strictly confidential. _____

EMERGENCY CONTACT: *Emergency contact if parent cannot be reached.*



Contact: _____ Relationship: _____ Tel #: _____
(other than parent)

In the event of an emergency, I consent to have my child given emergency medical treatment as needed until I can be reached. _____

Parent Signature