

St. Mary Catholic Community  
P. O. Box 70, DePere, WI 54115  
920/337-2330 Ext. 18, Fax 920/337-2332

**RELIGIOUS FORMATION  
REGISTRATION FORM  
2007-2008**

Office Use Only  
Date \_\_\_\_\_  
Paid \_\_\_\_\_

Please complete the following information and return to the Parish Formation Office by **June 15**.

**FAMILY LAST NAME:** \_\_\_\_\_

ARE YOU REGISTERED MEMBERS OF ST. MARY? \_\_\_\_\_ Yes \_\_\_\_\_ No\*

\*Census forms can be obtained at the Parish Office.

List all children who will be attending Religious Formation Classes for the 2007-2008 school year (list youngest to oldest)

Student Name	Sex	School	Age as of Sept.2007	Grade 2007/08	Birthdate	Sacraments-Received*
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Sacraments-Received—Baptism-**B**, Reconciliation-**R**, Eucharist-**E**, Confirmation-**C**.

**Church of Baptism:** \_\_\_\_\_

Does your child have special medical or learning needs? \_\_\_\_\_yes \_\_\_\_\_no  
(If yes, please note them below)

Does your child have any food allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
Street \_\_\_\_\_ Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

(Complete only if different than mother's)

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Children live with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

See Page 2 for Fee Information

# FEE INFORMATION

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Please submit copies of your children's **baptismal certificates** with this registration form if you have not already done so. We will keep them on file until your child completes all of their sacraments.

## FEES ARE AS FOLLOWS:

Pre-School-Kindergarten.	\$35.00 (per student)	_____
Grade 1-Grade 11	\$75.00 (per student)	_____
Maximum	\$200.00 (per family)	_____
<u>Discount allowed (\$5 per student if paid by due date of June 15, 2007)</u>		_____
TOTAL		\$

Teachers/Volunteers call about exemption of fees

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PLEASE ENCLOSE PAYMENT WITH REGISTRATION, or indicate when payment(s) will be made.

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**(RETURN VOLUNTEER & PERMISSION FORM WITH REGISTRATION)**

**(Confidential)**