ST. CASPAR RELIGIOUS FORMATION REGISTRATION
2026-2027

Participant's Name_____Telephone_____
(First, middle, and last name)
Child/Student: Male_____ Female_____ Today's date: _____
Participant's Address_____City & State_____

Biological Father's Name _____Religion_____

Father's Address (if different)_____Telephone_____
Language Spoken at Home_____ Cell Phone__ _____

Biological Mother's First, **Maiden** & Last Name_____Religion_____

Mother's Address (if different)____Telephone_____
Language Spoken at Home_____ Cell Phone _____
Stepparent(s) names (if any)_____

Guardian_____(If joint custody, indicate custodial parent and state child's schedule on the back of this form.)

_____
Religious Formation Fee: (Registered Parishioners) $50 per Student ($150 family limit)
St Caspar policy is to never turn a student away due to inability to pay. If fees are a hardship please contact Barb for a **confidential** discussion.

An **additional sacramental fee** of $30 per participant is payable the sacramental preparation year.

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Birthdate_____

Grade in school for the 2025-26 school year
_____3 years old (in kindergarten in 2 years)
(3-year-olds **must** be potty trained)
_____Pre-kindergarten (in kindergarten next year)
_____Kindergarten (this school year)

_____1st	_____5th	_____9th
_____2nd	_____6th	_____10th
_____3rd	_____7th	_____11th
_____4th	_____8th	_____12th

School Attending: _____
Years of religious formation: _____
Where attended: _____
Medical consideration: _____
_____

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Would you be willing to help if called? We would appreciate parents volunteering five hours to help in our program.

Please check any of the following:

Catechist/Substitute Catechist _____
Catechist's aide _____
Help with special activities _____
Help with Christmas Program _____
Help with sacramental receptions
(parents of 1st & 7th graders) _____
Help serve meals on Wednesday nights_____

Sacramental Record:
For sacraments, we need the exact month, day and year as well as the specific church name and address. If sacraments were received at a church other than St. Caspar, you **must** present a copy of the certificate or the original certificate when registering for religious formation classes.

Baptism – yes_____ no_____
Date:_____/_____/_____
month day year
Church: _____
Address: _____

First Penance – yes_____ no_____
Date: _____/_____/_____
month day year
Church: _____
Address: _____

First Eucharist – yes_____ no_____
Date: _____/_____/_____
month day year
Church: _____
Address: _____

Confirmation – yes_____ no_____
Date: _____/_____/_____
month day year
Church: _____
Address: _____

Signature of person filling out this form: _____
Relationship to participant: _____