

**St. Roman & St. Charles Borromeo
Collaborative Faith Formation Program
2025-2026
Grade 1st-5th Registration Form**

St. Roman Parish
1710 W. Bolivar Ave.
Milwaukee, WI 53221

St. Charles Borromeo
5571 S. Marilyn St.
Milwaukee, WI 53221

Parish member of: St. Roman St. Charles Borromeo Other:

Date: _____

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Please check one:

Male

Female

Date of Birth: _____

School Attending: _____

Grade as of 9/1/2025: _____

HAS STUDENT RECEIVED THE FOLLOWING SACRAMENTS?

Baptism: _____

Yes No

Church of Baptism: _____

1st Communion: _____

Yes No

Reconciliation: Yes No

PARENT/GUARDIAN INFORMATION

Father's First Name: _____

Last Name: _____

Religion: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Cell (Father): _____

E-mail (Father): _____

Mother's First Name: _____

Last Name: _____

Religion: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Cell (Mother): _____

E-mail (Mother): _____

Student resides with: Both parents Mother only Father only Both parents (Separate Homes) ***Please list separate addresses under Parent Information**

Send mail to: Both parents Mother only Father only Both parents (Separate Homes)

Language spoken at home: English Spanish Other: _____



GRADE K4- 5TH CYF PROGRAM FEES

1 Student	\$115.00
2 Students	\$200.00
3+ Students	\$285.00

CONFIDENTIAL INFORMATION

The purpose of gathering this information is in the event of needing to be sensitive towards your family and your child/ren.

Parent's Marital Status: Married Separated Divorced Single Widowed

Interpreter is needed for:

Are there any physical, sensory, emotional, learning disabilities, or any other special needs?

Student Name: _____ Please List: _____

Are there any medications or medical conditions such as allergies, diabetic needs, or Epi-Pen?

Student Name: _____ Please List: _____

ADDITIONAL NOTES:

- A non-refundable deposit of \$50.00 per student is due upon registration. This deposit will be credited towards the total tuition. Please make checks payable to St Roman Parish.
- All registrations must include a copy of the student's **baptismal certificate**.
- Excessive absences result in difficulties in making up missed material. Students are permitted up to **three excused absences**. After the fourth absence, the student will need to repeat the formation year. Additionally, if a student is tardy three times, it will be marked as an absence.

SIGNATURE OF PARENT OR GUARDIAN

Signature _____

Date: _____

FOR OFFICE USE ONLY

Student Name: _____

Date: _____

RCIA Candidate: Yes No

Date: _____

Sacrament Needed: Baptism Communion Reconciliation Confirmation Date: _____

Copy of Baptismal Certificate on file at CYF office: _____

Date: _____

AMOUNT REC'D	CASH/CHECK	DATE	BALANCE

Spanish English