St. Roman & St. Charles Borromeo
Collaborative Faith Formation Program
2026-2027
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 9/1/2026:

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:

OCIA 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

ST. ROMAN PARISH & ST CHARLES BORROMEO PARISH
RELEASE OF INFORMATION FORM
2026-2027

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

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

Member of: ☐ St. Charles Borromeo ☐ St. Roman ☐ Other: _____

(Print name)
I, _____ consent to the use by St. Roman / St Charles Borromeo of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of St. Roman / St Charles Borromeo from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Signature: **Date:**

Name of student(s):
(Print name)
_____ Date of Birth _____ Grade ____
_____ Date of Birth _____ Grade ____
_____ Date of Birth _____ Grade ____

Family Emergency Contact Information

Language(s) spoken at home: ☐ English ☐ Spanish ☐ Other: _____
My child has permission to walk home from classes or events: ☐ Yes ☐ No
Mother/Legal Guardian _____ Cell Phone _____
Email _____
Father/Legal Guardian _____ Cell Phone _____
Email _____

The following person (other than parent with custody) are authorized to take my child from CFF Class, upon condition that the Director is notified in writing or by telephone:

Name_____ Cell Phone _____
Address_____ Relationship_____

Every family is responsible for having an understanding as to where their child should go in the event of early dismissal due to bad weather or other emergency. If parents cannot be reached, please notify:

Name_____ Address_____ Cell Phone _____
Family Physician _____ Phone _____

I hereby authorize the CFF Director or Youth Minister to call the physician named above or 911 if any emergency exists and I cannot be reached immediately. I also authorize conditions below and give my authority for emergency treatment.

Signature: **Date:**

List any physical conditions, allergies, or medications by the name of the student that they may be taking:

_____

_____

Note: Parents or guardians are responsible for emergency medical treatment or expenses.