

**St. Roman & St. Charles Borromeo  
Collaborative Faith Formation Program  
2026-2027**

**First Reconciliation & First Communion  
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:

Baptism:

Yes  No

Church of Baptism:

**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/Guardian Information**

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

**Language spoken at home:**  English  Spanish  Other: \_\_\_\_\_



## SACRAMENTAL PROGRAM FEES

Registration Fee	\$115.00
Sacramental Preparation Fee	\$100.00
<b>Total</b>	<b>\$215.00</b>

### 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.
- These fees help pay for the workbooks, certificates, retreats, and other materials needed in preparing for these Sacraments.
- All registrations must include a copy of the student's **baptismal certificate**.
- **Please Note:** Students preparing for First Reconciliation and First Communion **MUST** have completed their first-grade year, or any year above, in a **catholic** school or a **catholic** religious education program. Meaning this would be their second year, or more, of religious education; *a requirement by the Archdiocese*.
- Excessive absences result in difficulties in making up missed material. Students are allowed 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.

### 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

**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: \_\_\_\_\_

### 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 BORROMEIO PARISH**

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

**RELEASE OF INFORMATION FORM  
2026-2027**

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.**