

**St. Roman & St. Charles Borromeo**  
**Collaborative Faith Formation Program 2026-2027**  
**Middle School (6<sup>th</sup>-8<sup>th</sup>) – Pre-Confirmation (9<sup>th</sup>-10<sup>th</sup>)**  
**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. Charles Borromeo  St. Roman  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: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Student Cell: \_\_\_\_\_

T-shirt Size:

XS

S

M

L

XL

Other: \_\_\_\_\_

**SACRAMENTS RECEIVED**

Baptism:

Yes  No

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

1<sup>st</sup> 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/Guardian Information**

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

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

**FOR OFFICE USE ONLY:**  6<sup>th</sup> Gr.  7<sup>th</sup> Gr  8<sup>th</sup> Gr  9<sup>th</sup> Gr  10<sup>th</sup> Gr



## GRADE 6 - 10TH 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. Charles Borromeo Parish.
- All registrations must include a copy of the student's **baptismal certificate**.
- **PLEASE NOTE:** Students must be enrolled in either a **Catholic** Formation Program or a **Catholic** High School prior to enrolling in the immediate Confirmation Preparation Program.
- 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.

### 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 |
|--------------|------------|------|---------|
|              |            |      |         |
|              |            |      |         |
|              |            |      |         |