

# Child

# Youth

# Ministry

## St. Joseph Congregation

Religious Education Classes Registration Form 2025-2026

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**REGISTRATION DUE: September 3, 2025**  
**First Class Sunday, September 14, 2025**

### Program Fees:

- ❖ \$130 per child (no charge for Pre-K students, or children of catechists)
- ❖ Additional \$80 for First Reconciliation/First Communion sacramental prep (2<sup>nd</sup> Grade)
- ❖ \$225 for Confirmation sacramental preparation (11<sup>th</sup> Grade) (Includes retreat fee)
- ❖ Family limit of \$390 (applies to K5-8<sup>th</sup> grade program **only**)

### Sacramental Preparation Notes:

- ❖ First Reconciliation and First Communion
  - **Baptismal Certificate required with registration form**
  - In order to prepare your child for these sacraments, we recommend that your son/daughter has received Faith Formation for at least two years (1st & 2nd grade). If your child has not been involved in a parish program prior to 2nd grade, please contact the parish office so we can make special arrangements if necessary.
  - If your child is in 3rd, 4th, or 5th grade and has not received either of these sacraments please contact Lisa at [marynikl@stjoetosa.com](mailto:marynikl@stjoetosa.com) or call 414-771-4626.
  - Attendance at all classes is strongly encouraged. Make up sessions will be available as needed.
- ❖ Confirmation
  - **Baptismal Certificate required with registration form**
  - Attendance at all classes is strongly encouraged. Make up sessions will be available as needed.
  - Service hours are to be completed prior to the sacrament.
  - Retreat attendance is mandatory, but we can accommodate as needed.

Please **PRINT** As Clearly As Possible.

Family Last Name: \_\_\_\_\_

Family's Address: \_\_\_\_\_

Family is a member of: ☐ St. Joseph's ☐ Other \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

I Volunteer As A Catechist/Teacher: ☐ Yes! ☐ No Thanks

Father's Full Name: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Email: \_\_\_\_\_

I Volunteer As A Catechist/Teacher: ☐ Yes! ☐ No Thanks

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Treatment: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: \_\_\_\_\_

Picture Release: My child(ren) may be photographed during the child ministry program and these photos may be used for program purposes or for promotional material in print form or on the parish website. \_\_\_\_\_

*If you do not want their picture used, please check here* \_\_\_\_\_

Child's Full Name (First, Middle, Last):

Child Would Like To Be Called:

Grade (Fall 2025): at

Gender: ☐ Female ☐ Male

Date of Birth:

Child Email (if in high school):

Child Lives With: ☐ Both Parents ☐ Mom ☐ Dad ☐ Other (explain)

Child Has Received: ☐ Baptism ☐ Reconciliation ☐ Communion ☐ Confirmation

Child Is **Preparing For:** ☐ First Reconciliation & Communion ☐ Confirmation

Please list any health concerns or learning disabilities that should be brought to the catechist's attention: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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