

Child

Youth

Ministry

St. Joseph Congregation

Religious Education Classes Registration Form 2026-2027

Alex Burks ~ Director of Religious Formation ~ dre@stjoetosa.com

REGISTRATION DUE: On or Before September 4, 2026

First Class Sunday, September 13, 2026

Program Fees:

- ❖ \$130 per child (no charge for Pre-K students, or children of catechists)
- ❖ Additional \$80 for First Reconciliation/First Communion sacramental prep (2nd Grade)
- ❖ \$225 for Confirmation sacramental preparation (11th Grade) (Includes retreat fee)
- ❖ Family limit of \$390 (applies to K5-8th 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 Alex at dre@stjoetosa.com or call 414-771-4626 X108.
 - Attendance at all classes is strongly encouraged.
- ❖ Confirmation
 - **Baptismal Certificate required with registration form**
 - Attendance at all classes is strongly encouraged.
 - 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 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 2026): _____ 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: _____

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

Child Would Like To Be Called:

Grade (Fall 2026): _____ 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: _____

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

Child Would Like To Be Called:

Grade (Fall 2026): _____ 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: _____

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

Child Would Like To Be Called:

Grade (Fall 2026): _____ 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: _____

