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

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