FAITH FORMATION REGISTRATION → 2026-2027

SELECT YOUR FAITH FORMATION LOCATION _____ Sauk Centre _____ Elrosa

Mother's Full Name _____ Religion_____
Address _____
Mother's Cell _____ Mother's E-mail _____

Father's Full Name _____ Religion_____
Address _____
Father's Cell _____ Father's E-mail _____

Student(s) lives with _____ Both parents _____ Father _____ Mother _____ Other/whom
The Catholic Church your family is registered at _____
Emergency Contact Name _____ Relationship_____
Phone _____

Pictures may be taken at class/events and put on our ACC social media unless we receive a written request asking that no pictures be used of your family. If we cannot reach you in an emergency, we have your permission to seek medical attention for your child/children.
Parent Signature _____ **Date** _____

STUDENTS
1. Name _____ Gender_____ Grade (Fall 2026) _____ Birth Date _____
   Medical/Behavioral/Learning Concerns _____
2. Name _____ Gender_____ Grade (Fall 2026) _____ Birth Date _____
   Medical/Behavioral/Learning Concerns _____
3. Name _____ Gender_____ Grade (Fall 2026) _____ Birth Date _____
   Medical/Behavioral/Learning Concerns _____
4. Name _____ Gender_____ Grade (Fall 2026) _____ Birth Date _____
   Medical/Behavioral/Learning Concerns _____

PROGRAM CHOICES (put student's first name next to the program they will be in. For more program details and parent involvement, see the parent letter)
Listed by Location
Sauk Centre (K-5 grade, 3:15-4:30pm) _____
Sauk Centre (6-8 grade, 6-7:15pm) _____
Sauk Centre (9-11 grade, 7:30-9pm) _____
Elrosa (K-5 grade, 6:15-7:30pm) _____
Elrosa (6-11 grade, 6:30-8) _____

VOLUNTEER OPPORTUNITIES - Our programs are dependent upon support of a variety of volunteer positions, please indicate your areas of interest if you are willing to help!
Catechists _____ Office Help _____ Substitutes _____ Youth Ministry Small Group Leader _____

Office Use Only: Paid _____ *Date* _____ *Check #* _____ *Cash* _____ *Online* _____