



St. Felix, Wabasha

St. Agnes, Kellogg

Roman Catholic Parishes

117 3rd St W · Wabasha, MN 55981

(651) 565-3931 · www.wabashakelloggparishes.org



2024-2025 Faith Formation Registration Form

Mother / Guardian

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Father / Guardian

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Are you registered at St. Felix or St. Agnes? Y N

If so, what parish are you registered at? _____ If not, where are you registered? _____

If you are not registered as a parishioner at St. Felix or St. Agnes, would you like to be? Y N

Please indicate what parish you would like to register at: _____

Note: Registration into our Faith Formation Program permits us to use candid photos in Church-related publications. If you do not want your child's picture used, please contact the Parish Office at (651)-565-3931.

Student Name: _____ **Grade:** _____

Child lives with: Both Parents Father Mother Other _____

Child has received the following Sacraments:

Baptism Reconciliation 1st Communion Confirmation

Child was baptized at: St. Agnes St. Felix Other _____

Student Name: _____ **Grade:** _____

Child lives with: Both Parents Father Mother Other _____

Child has received the following Sacraments:

Baptism Reconciliation 1st Communion Confirmation

Child was baptized at: St. Agnes St. Felix Other _____

Student Name: _____ **Grade:** _____

Child lives with: Both Parents Father Mother Other _____

Child has received the following Sacraments:

Baptism Reconciliation 1st Communion Confirmation

Child was baptized at: St. Agnes St. Felix Other _____

Any Special Concerns (Allergies, medical concerns, medications, behavioral, etc.) The school does NOT share this information, so we must receive it from you.

Emergency Contact Person(s):

Name: _____ Contact No: _____

Signature of Custodial Parent or Guadian who is registering the child(ren):

Faith Formation Ministries

Parents, please circle the areas of ministry that you could help with:

Catechist: K-6 7-10

Parent substitute catechist/involvement interest: First Wednesday Last Wednesday

As Needed Other (please indicate) _____

Mass Server Sign-Up

My child (4th grade or older) _____ would like to be a Mass server for:

St. Agnes, Sunday 8:00 am

St. Felix, Saturday 4:30

St. Felix, Sunday 9:30

Program Fees

\$60.00 per student with a per family cap of \$180.00. The fee is non-refundable. No child will be denied participation in the Faith Formation Program for financial reasons.

Please indicate if assistance is requested: _____

TUITION FEE SHOULD ACCOMPANY REGISTRATION FORM
TO BE RETURNED ON OR BEFORE September 11th.

Please drop in collection basket or return registration form to:

St Agnes / St. Felix Parish Office

117 3rd St W

Wabasha, MN 55981

For all questions or concerns please call or email

Father Prince (651) 564-5600

or fatherprince@felixagnes.org

OFFICE USE ONLY: Check # _____ Cash: _____ Amount: _____ Initials: _____

Extra Sheet for Listing for Children

Student Name: _____ **Grade:** _____

Child lives with: Both Parents Father Mother Other _____

Child has received the following Sacraments:

 Baptism Reconciliation 1st Communion Confirmation

Child was baptized at: St. Agnes St. Felix Other _____

Student Name: _____ **Grade:** _____

Child lives with: Both Parents Father Mother Other _____

Child has received the following Sacraments:

 Baptism Reconciliation 1st Communion Confirmation

Child was baptized at: St. Agnes St. Felix Other _____

Student Name: _____ **Grade:** _____

Child lives with: Both Parents Father Mother Other _____

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