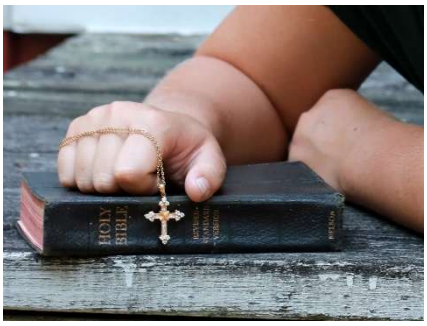

Christian Formation on the Northwest Side of Milwaukee
Registration 2026-2027

Please note: If your child needs to receive a sacrament, he/she must be enrolled in and regularly attending a Catholic school or Christian Formation program the year before *and* the year of his/her sacrament.

Please print clearly and complete all information.

Parish: ☐ St. Bernadette ☐ Blessed Savior ☐ St. Catherine of Alexandria
☐ St. Margaret Mary ☐ Our Lady of Good Hope

Father's name_____ Phone number _____

Father's address_____ City_____Zip code _____

Father's e-mail address_____

Mother's name_____ Phone number _____

Mother's maiden name_____

Mother's address _____City_____ Zip code_____

Mother's e-mail address_____

Send mail to: ☐ Father ☐ Mother ☐ Both parents

All classes are held on Sundays. Please choose the location and time that best fits your schedule:

☐ Classes at St. Bernadette, 8200 West Denver Avenue: 11:30AM-12:45PM

☐ Classes at St. Margaret Mary, 3970 North 92nd Street:
- High School and Adult Christian Formation, 9:30-10:30AM
- Children's Christian Formation (grades 1-8), 9:50-10:50AM

Please provide an emergency contact, in the event a parent cannot be reached.

Name (other than a parent)_____ Phone number_____

Child's name_____ Date of birth_____ Age_____

Place of birth (city and state)_____

Grade_____ School_____

Has child received the following sacraments?
☐ Baptism (church of baptism) _____ City_____ State_____
☐ Reconciliation ☐ First Communion ☐ Confirmation

Please list any health, allergy, or learning concerns _____

_____

Child's name_____ Date of birth_____ Age_____

Place of birth (city and state)_____

Grade_____ School_____

Has child received the following sacraments?
☐ Baptism (church of baptism) _____ City_____ State_____
☐ Reconciliation ☐ First Communion ☐ Confirmation

Please list any health, allergy, or learning concerns_____

_____

Child's name_____ Date of birth_____ Age_____

Place of birth (city and state)_____

Grade_____ School_____

Has child received the following sacraments?
☐ Baptism (church of baptism) _____ City_____ State_____
☐ Reconciliation ☐ First Communion ☐ Confirmation

Please list any health, allergy, or learning concerns_____

_____

Child's name_____ Date of birth_____Age_____

Place of birth (city and state)_____

Grade_____ School_____

Has child received the following sacraments?
☐ Baptism (church of baptism) _____City_____ State_____
☐ Reconciliation ☐ First Communion ☐ Confirmation

Please list any health, allergy, or learning concerns_____

_____

I understand and agree by enrolling my child(ren) in this formal catechetical process, it is my responsibility to work with the catechist(s)/leader(s) to model my Catholic faith and reinforce the teachings of the Church in our home.

Parent's signature_____ Date_____