



**ST. PASCAL BAYLON FAITH FORMATION  
REGISTRATION FORM 2026-2027**  
*Grades 1-8 — Wednesday Evenings—6:30-7:45 pm*

**Please PRINT clearly and fill out form COMPLETELY on BOTH SIDES.  
Be sure to complete and sign an INDIVIDUAL FORM for each child you are registering.**

**FAMILY INFORMATION**

FAMILY LAST NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PRIMARY ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Please list email addresses we may use for faith formation/parish communications:

\_\_\_\_\_

\_\_\_\_\_

Child/ren is/are the primary responsibility of:

Both parents     Mom     Dad     Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

BEST PHONE NUMBER \_\_\_\_\_

**NAMES OF CHILDREN REGISTERING**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE AND SIGN BACK SIDE OF THIS FORM.  
BE SURE TO COMPLETE AN INDIVIDUAL FORM FOR EACH CHILD.**

## RELEASE OF INFORMATION PERMISSION

\_\_\_\_\_ I grant permission for Kim Roering, Pastoral Associate of Faith Formation, to share my contact information (phone, email, mailing address) with the catechists for my children for use during the 2026-2027 faith formation year.

\_\_\_\_\_ I **DO NOT** grant permission to share my contact information with the catechists for my children for use during the 2026-2027 faith formation year. I wish information to come directly from Kim Roering.

## PHOTO USE PERMISSION

\_\_\_\_\_ I grant permission for photos of my child/ren to be used in parish publications (website, E-newsletter, bulletin).

\_\_\_\_\_ I **DO NOT** grant permission for photos of my child/ren to be used in parish publications (website, E-newsletter, bulletin).

By completing this form, I give permission for my child/ren to participate in the parish faith formation programs and I warrant that my child/ren is/are in good health. In consideration of my child/ren's participation, I agree to indemnify St. Pascal Baylon Catholic Church and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against St. Pascal Baylon Catholic Church/Archdiocese of St. Paul & Minneapolis by myself, my child/ren or others, that arises out of behavior by my child/ren at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency during which I am not present, I give permission for 911 to be called and to transport my child/ren to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact the person listed as the Emergency Contact.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

## FAITH FORMATION FEES

**Wednesday Evenings:** \$75 for first child, \$55 for each additional child (max \$185 per family)  
**Reconciliation and Eucharist Sessions:** \$40 per child per sacrament, in addition to Wednesday fee

**NOTE: No one is turned away due to inability to pay.**

### FOR OFFICE/INTERNAL USE:

Date Received: \_\_\_\_\_

\_\_\_\_\_ Faith Formation Fee (Check # \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_) Amount Paid \_\_\_\_\_

\_\_\_\_\_ Individual Form for each child submitted

\_\_\_\_\_ Authorization, Consent, and Release...Visual Likenesses for each child submitted

\_\_\_\_\_ Sacrament Registration Form submitted (if needed)

\_\_\_\_\_ Copy of baptism certificate submitted (if needed)