

**Saint Agnes Christian Formation Office  
2026 - 2027 Registration**

Family Name: \_\_\_\_\_

Student's Home Address \_\_\_\_\_  
*(Address, City, Zip Code)*

Parent/Guardian \_\_\_\_\_ Religion \_\_\_\_\_  
*(First, Last) (If not Catholic)*

Address *(if different)* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone *(if different)* \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
*(First, Last) (If not Catholic)*

Address *(if different)* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone *(if different)* \_\_\_\_\_

E-mail \_\_\_\_\_

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First Student Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Last, First, Middle Initial)*

Sex:  Female  Male

School Grade \_\_\_\_\_ School Attending \_\_\_\_\_

CF Grade if different than school \_\_\_\_\_

Please list any health or learning issues we should be aware:

Second Student Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Last, First, Middle Initial)*

Sex:  Female  Male

School Grade \_\_\_\_\_ School Attending \_\_\_\_\_

CF Grade if different than school \_\_\_\_\_

Please list any health or learning issues we should be aware:

Third Student Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Last, First, Middle Initial)*

Sex:  Female  Male

School Grade \_\_\_\_\_ School Attending \_\_\_\_\_

CF Grade if different than school \_\_\_\_\_

Please list any health or learning issues we should be aware:

**Please read and complete BOTH SIDES of this form!**



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**Emergency Contact:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**Photo Release:**

I hereby consent that one or more photographs may be taken of my dependents or me. I authorize the Archdiocese of Milwaukee and/or St. Agnes Parish to use these photos in any way it deems appropriate. I understand that these materials are being used for promotion of St. Agnes Parish and/or the Archdiocese of Milwaukee. The images and recordings may be used to support recruitment, evangelization and other communication efforts. I understand and agree that the use of these pictures are not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of this/these photographs by the Archdiocese or St. Agnes Parish.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If there is any other family information which you consider important for us to be aware of, or which could help us to minister more sensitively to your child(ren) i.e. if young children are not yet toilet trained, custodial/residency situations, which parent/s should receive mailings and information, single parent situations, family history of drug/alcohol abuse, mental health issues, etc., please inform us directly. We will respect each situation and will keep all information confidential unless we are given permission to share it with specific individuals, i.e. the catechist, pastor.*

We understand that the effectiveness of our child(ren)'s participation in the Christian Formation programs depends on our active involvement in their development and in the life of the parish community. We commit ourselves to setting an example for them by:

- ✚ attending Sunday Mass;
- ✚ actively sharing our gifts of time, talent, and treasure with the parish, reporting a minimum of ten service hours per year;
- ✚ participating in monthly parent meetings/Family Time events;
- ✚ getting our children to the classes/retreats/activities, and monitoring their homework assignments and their progress in class;
- ✚ abiding by the policies set forth in the Christian Formation Family handbook;

We realize that this commitment is fundamental to the faith development of our child(ren).

\_\_\_\_\_  
(Parent Signature/s)

\_\_\_\_\_  
(Date)

***Please note that prior to receiving Sacraments we must have a copy of your child's baptismal certificate on file. We may need your help in obtaining a certificate if your child was baptized at a parish other than St. Agnes.***