ST. PIUS V
Engaged in our Catholic Tradition

Registration for St. Pius V Faith Formation

Grades Pre K-8 and 9-12 2026-2027

Father Justus Musinguzi, Pastor
Matt Belford, Faith Formation Director
mbelford@stpiusvcf.org

FEE IS $50 PER CHILD with a Family Cap of $150 for three or more children (No Fee for grades 9-12)

Please make check payable to St. Pius V

Number of children registered: _____ Amount Paid _____

[ ] Fee for FF is waived because I am a FF Catechist.

[ ] I will make payments: _____ per month.

[ ] I am a registered member of St. Pius V and am in need of financial assistance.

Mother's Name: _____ Home Phone #_____
First Middle Last

Address: _____

E-Mail: _____ Cell Phone #: _____

(Most communication done via Email, Flocknote & Text)

Children live with (please circle) Both parents Mother Father Guardian

Father's Name: _____ Home Phone # _____
First Middle Last

Address: _____

E-Mail: _____ Cell Phone#: _____

(Most communication done via Email, Flocknote & Text)

I am a registered member of St. Pius V Church [ ] Yes [ ] No

If no, please list parish you are registered at _____

Parents: Please read and sign the following:

1) PARENTS/LEGAL GUARDIAN: I GIVE MY PERMISSION FOR MY CHILD/REN to participate in the *Church of St. Pius V* Faith Formation classes/activities and I warrant that my child is in good health. In consideration of my Child's/ren's participation, I agree to indemnify the *Church of St. Pius V* and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/ Archdiocese of St. Paul/Minneapolis by myself, my child/ren or others, that arises out of any behavior by my child/ren at the Faith Formation classes/activities. I also agree to pay reasonable attorney's fees or expenses incurred by the *Church of St. Pius V* and Archdiocese in defense of such a claim/law suit.

2) CONSENT AND PERMISSION TO TREAT MINOR

In the event of an emergency, I give permission to transport my child/ren to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

Emergency Hospital Preference:_____
Family Doctor(s) _____Phone #_____
Emergency contact (not parents): Name _____
Phone _____ Relation to child/ren: _____

3) PHOTOGRAPH/PRESS RELEASE

I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, live stream recordings, social media, and website.

By signing this form, I hereby authorize and give full consent to *Church of St. Pius V* to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while participating in *any Faith Formation activities.* ***No address or phone number will be published.***

In case of injury or illness, your own medical insurance would be used. Medical Insurance provided by the parish or the Archdiocese is limited and in excess to any other valid and collectible insurance.

I/we the undersigned, have read all releases (on both pages) and understand all its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE _____ **DATE:** _____

Parent/Guardian

Please list all children in grades Pre-School (age 4 by September 1, 2026) through Grade 8.

1. Student Full Name: First, Middle & Last:

_____

Birth Date: _____ Age: ____ Grade this fall: _____ Male: ___ Female: ___

Church/Parish where child was baptized: _____

Church/Parish where child made their First Communion if applicable: _____

Health/Special Concerns: _____

2. Student Full Name: First, Middle & Last:

_____

Birth Date: _____ Age: ____ Grade this fall: _____ Male: ___ Female: ___

Church/Parish where child was baptized: _____

Church/Parish where child made their First Communion if applicable: _____

Health/Special Concerns: _____

3. Student Full Name: First, Middle & Last:

_____

Birth Date: _____ Age: ____ Grade this fall: _____ Male: ___ Female: ___

Church/Parish where child was baptized: _____

Church/Parish where child made their First Communion if applicable: _____

Health/Special Concerns: _____

If more than 3 children, please use another registration form and attach to this form.