

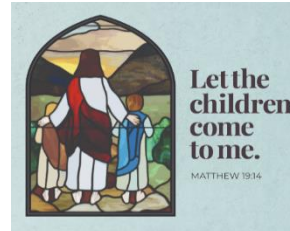


Church of the Holy Rosary

525 Grant Avenue
North Mankato, MN 56003
507-387-6501

Registration Form 2026 – 2027

Please return before or on August 30, 2026



Family Last Name		Father's Name		Mother's Name	
Home Address		City		Zip Code	
Father's Cell Phone	Father's E-mail Address		Emergency Contact Name		
Mother's Cell Phone	Mother's E-mail Address		Emergency Contact's Phone #		

Child's Name	Fall 2026 Grade	Fall 2026 School Attending	Male/Female	Date of Birth	Check all sacraments your child has received:		
					Baptism	Reconciliation	First Communion

****Please list the parish in which your family is registered:** _____

Family Health Information: Doctor's Name: _____ **Phone Number:** _____

Does your child have any *special needs/health concerns/allergies* we should be aware of to better facilitate him/her in our weekly religion classes? Please explain:

Does your child take any medications that we should be aware of? If so, please list:

Consent to Contact Physician in an Emergency:

In the event that I cannot be reached to make arrangements, I hereby give my consent to Holy Rosary Parish to contact the above physician and, if necessary, transport my child to a clinic or hospital.

Parent's Signature: _____ **Date:** _____

Permission to Use Pictures/Parent Information Distribution:

I acknowledge that distribution of newsletters, parent information and handbooks will be through e-mail and published in the Religious Education section of the parish website. Hard copies can be requested by contacting the Religious Education Office. In addition, I hereby give Holy Rosary Parish permission to publish pictures of my child/children on the parish website or in parish publications.

Parent's Signature: _____ **Date:** _____

Please see tuition
information on back



Recommended Tuition:

Children's Liturgy of the Word: No Charge

Grades 1 – 6: \$65.00/Student

Grades 7 – 10: \$70.00/Student

*Free tuition if parent is a regular classroom teacher

*Family maximum tuition \$150.00

**No child will be turned away because of inability to pay – please contact the parish office if tuition assistance is needed

***Children must be registered before attending class**

Deposit:

A minimum of \$35.00 is due at registration. The balance to be paid by January 1, 2027.

Total Tuition Due: _____ (Family maximum \$150.00)

Total paid at registration: _____

_____ I will need to pay in installments.

"Let the children come to me and do not hinder them; for it is to such as these that the Kingdom of God belongs."



For Office Use Only

Payment Amount: _____

Check #: _____

Initials: _____