

# Tri-Parish Faith Formation Program Registration Form 2025-2026

\*This is a confidential form used only for planning purposes and emergency situations.\*

Please ✓ check your parish:

☐ Immaculate Conception ☐ Sacred Heart ☐ St. Rose of Lima ☐ Other \_\_\_\_\_

**PART I: Registration (Students entering grades 1-11)** Please PRINT clearly

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

<input type="radio"/> Primary Address Father's Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ E-mail: _____ Can you receive texts: Yes No	<input type="radio"/> Primary Address Mother's Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ E-mail: _____ Can you receive texts: Yes No
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Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2025-26) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M ☐ F ☐  
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2025-26) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M ☐ F ☐  
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2025-26) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M ☐ F ☐  
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2025-26) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M ☐ F ☐  
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

## Part II: Emergency Contact

I authorize the person listed below to act in my behalf if I am not able to be contacted (please list someone other than parent):

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

Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Hospital/Medical Center: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Part III: Fees

If payment of fees presents a difficulty for your family, please contact the Director of Faith Formation for options.

Faith Formation Materials Fee: **\$70– 1st child, \$50– 2nd, \$30– 3rd child and more**

**Make checks payable to your parish.**

Fees for <b>One</b> Child— <u>BEFORE</u> May 16	\$70	Fees for One Child— <u>AFTER</u> May 16	\$120
Fees for <b>Two</b> Children— <u>BEFORE</u> May 16	\$120	Fees for Two Children— <u>AFTER</u> May 16	\$220
Fees for <b>Three</b> Children— <u>BEFORE</u> May 16	\$150	Fees for Three Children— <u>AFTER</u> May 16	\$300
Fees for <b>Four</b> Children— <u>BEFORE</u> May 16	\$180	Fees for Four Children— <u>AFTER</u> May 16	\$380

**Sacred Heart School Parents:** You do not need to register your child(ren) attending Sacred Heart on this form. Your fees for grades K-6 are included in your Tuition Fee at SHS.

### Part IV: Consent

#### Photograph and Video Consent

From time to time, pictures and videos may be taken of Faith Formation or Youth Ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry websites. Written consent by the parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator and they will promptly be removed.

I, the parent/guardian of this/these youth/s (name/s) \_\_\_\_\_, authorize and give full consent, without limitation or reservation, to the Tri-Parish of Sacred Heart, Immaculate Conception, and Saint Rose of Lima, to publish any photograph and/or video in which the above named student/s appears while participating in any program associated with the Tri-Parish Faith Formation and/or Youth Ministries. There will be no compensation for use of any photograph or video at the time of publication or in the future.

I, the parent/guardian of this/these youth/s (name/s) \_\_\_\_\_, do **not** wish for child's photo be published.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Part V: Volunteers

There are many ways you can help our Tri-Parish Faith Formation Program thrive! Please let us know if you would be willing to help in any of the following ways:

**Elementary Grade Program or Second Grade Sacramental Prep** Name: \_\_\_\_\_

Teach an elementary age Faith Formation class Other: \_\_\_\_\_

**Junior/Senior High Program** Name: \_\_\_\_\_

Teach a Jr/Sr High Faith Formation Class Other: \_\_\_\_\_

Assist with Service Events \_\_\_\_\_

**Thank you for being willing to lead our children closer to Jesus!**

**REGISTRATION FORM AND PAYMENT DUE BY May 16TH!**



**Thank you!**

*Chrystal Sand*, Director of Faith Formation  
Tri-Parish Office 320-836-2143

#### OFFICE USE ONLY:

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

Initials: \_\_\_\_\_

Amount: \_\_\_\_\_

Method: \_\_\_\_\_

Cash: \_\_\_\_\_

Check # \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

## Second Grade Sacramental Prep Registration Form 2025-2026

Dad's Name \_\_\_\_\_ Mom's Name \_\_\_\_\_

Dad's Cell Phone (\_\_\_\_) \_\_\_\_\_ Mom's Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_@\_\_\_\_\_

**Additional Faith Formation Materials Fee: \$20 per child**

If payment of fees presents a difficulty for your family, please contact the Director of Faith Formation for options.

**REGISTRATION FORM AND PAYMENT IS DUE BY MAY 16TH!**

**After that date, the cost increases to \$30**

Name of Child	Fee: \$20 per child



## Second Grade Sacramental Prep Registration Form 2025-2026

Dad's Name \_\_\_\_\_ Mom's Name \_\_\_\_\_

Dad's Cell Phone (\_\_\_\_) \_\_\_\_\_ Mom's Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_@\_\_\_\_\_

**Additional Faith Formation Materials Fee: \$20 per child**

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**REGISTRATION FORM AND PAYMENT IS DUE BY MAY 16TH!**

**After that date, the cost increases to \$30**

Name of Child	Fee: \$20 per child

