Check if new address, email or phone #

St. Elizabeth Ann Seton Parish Faith Formation Registration Form 515 N Main St., Holmen, WI 54636

Family Last Name:		;			_				Date:		
Fathers' Name:											
Mother's Name:					Mother Cell #						
Mother's Maiden Name:					. Father Cell #						
Custodial Parent if different:					Primary Email:						
Home Address					Other Email:						
Emergency Contact										Mother Yes	No
Registered members at St. Eli List children enrolling in Faith Fo											
Name: First (Last if different)	Grade in the Fall	Sex	Birth date		Baptism	Penance	Eucharist	Confirmation	School		Special Needs
									,		
									· · · ·		
Are you interested in hom If you marked special needs,									No		
Tuition due		X #	kids	Total fro	om lef	t					
\$100 Grade 1-10 \$300. Max pe	r family	x									

Date Paid	Total Due	Total Paid_
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\$25.

\$25

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Pre-K or K Sunday School

Non-Parishoner

PHOTO/MEDIA RELEASE

I understand that my consent grants the parish of St. Elizabeth Ann Seton the right to use, reproduce, and/or distribute photographs, videotapes, and sound recordings of my son or daughter for use in materials they may create. (Parish web site, parish bulletin, newsletters, etc.)

I give consent to have my child/ren's photo/media released.

I do not give consent to have my child/ren's photo/media released.

Parent signature_____ Date_____

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VOLUNTEER OPPORTUNITIES

We depend on volunteers to make this Faith Formation Program what it is today. Please consider helping us this year!!

I will commit my service weekly in exchange for tuition cost:

_____ be on a teaching team _____ grade. ____Lead _____Helper

_____hall monitor on Wednesday evenings from 6:20 p.m. until 7:30 p.m.

_____provide childcare weekly on Wednesday evenings during Faith Formation.

traffic patrol

The following do not defray tuition costs:

help transport materials from church to the classrooms at 6 p.m and back at 7:35 p.m. (great for students)

_____ volunteer as needed as a substitute catechist. Best daytime # to reach me______

FINANCIAL SUPPORT

I would like to donate money to the program. \$_____