

**ST. JOSEPH Christian Formation Ministry**  
**S89 W22650 Milwaukee Ave., Big Bend, WI 53103**

**2010-2011 CFM Class Registration**

website: [www.stjoesbb.com/parish/cfm](http://www.stjoesbb.com/parish/cfm)

TODAY'S DATE: \_\_\_\_\_

**Registration forms available on-line**

Family name: Parents Last, First (both please)

\_\_\_\_\_  
Street address:

\_\_\_\_\_  
City, State, zip code:

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ UNLISTED? Y/N

ALTERNATE PHONE: CELL PHONE/PAGER: (\_\_\_\_) \_\_\_\_\_ Father/Mother

EMAIL ADDRESS: \_\_\_\_\_ Father/Mother

We would like to use e-mail to contact families to save on postage costs

Registered at this Church: Y/N

=====

RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD: _____
------------------------------	------------------------------

NAME: _____	NAME: _____
-------------	-------------

BUSINESS: _____	BUSINESS: _____
-----------------	-----------------

BUS PHONE: (____) _____	BUS PHONE: (____) _____
-------------------------	-------------------------

RELIGION: _____	RELIGION: _____
-----------------	-----------------

MARITAL STATUS: _____	MARITAL STATUS: _____
-----------------------	-----------------------

I AM INTERESTED IN VOLUNTEERING FOR: _____	I AM INTERESTED IN VOLUNTEERING FOR: _____
--	--

===== **EMERGENCY INFORMATION:** =====

In the event of an emergency, if you are unable to reach me, please contact the following:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

===== **TUITION INFORMATION** =====

<b>Tuition: NON PARISH MEMEBERS TUITION IS DOUBLE</b>		
Tuition(s) total \$ _____	Nursery -5th grade	\$85/student
Retreat fee(s) \$ _____	6th - Confirmation	\$95/student
Late fee(s) \$ _____	Family fee for Sunday program	\$30 family (additional per family)
\$10 per student after 9-1-2010 (including teacher's children)	Family Maximum	\$285/family (does not include retreat fees or \$30 Family fees for Sunday Program)
TOTAL DUE \$ _____	<b>Retreat Fees:</b>	
25% Downpayment \$ _____	1st Eucharist/Reconciliation	\$35/student
	Confirmation	\$150/student (due by January 9, 2011)
Balance due \$ _____	*note: St Joseph School fees include tuition but DO NOT include family fees.	

By 9-1-2010

**STUDENT REGISTRATION INFORMATION ON BACK SIDE/ PLEASE FILLOUT ONE PER CHILD**

STUDENT NAME: \_\_\_\_\_ GRADE 2010-2011: \_\_\_\_\_ SEX: \_\_\_\_\_

CFM GRADE: \_\_\_\_\_ Circle CFM Ministry Below:

Wednesday K -5th - Sunday 10:30 Mass 3-4 yrs - Sunday Family Program  
The Edge 6th, 7th & 8th Grades - Life Teen 9th-12th Grades  
Confirmation 11<sup>th</sup> or 12<sup>th</sup> Grade

RELIGION: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ ATTENDED HERE BEFORE: Y/N

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SACRAMENT**

**BAPTISM:**

DATE: \_\_\_\_\_ PLACE RECEIVED: \_\_\_\_\_ ADDRESS OF CHURCH OF  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**1ST RECONCILIATION:**

DATE: \_\_\_\_\_ PLACE RECEIVED: \_\_\_\_\_ ADDRESS OF CHURCH OF  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIRMATION:**

DATE: \_\_\_\_\_ PLACE RECEIVED: \_\_\_\_\_ ADDRESS OF CHURCH OF  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENTS PLEASE SIGN**

In the event of an emergency, I hereby authorize St. Joseph CFM staff  
to transport my child to a hospital for emergency medical or surgical treatment.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

**POLICIES AND REQUIREMENTS:**

I have read and agreed to the policies and requirements found on the CFM page.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

**SPECIAL EDUCATIONAL NEEDS**

Medical Condition \_\_\_\_\_

Physical Handicap \_\_\_\_\_

Behavioral/Learning Disabilities \_\_\_\_\_

**PHOTO RELEASE**

I, \_\_\_\_\_, consent to the use by St. Joseph's Parish any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials may be used for promotion of the CFM programs. Such promotional activities extend to recruitment, fund raising, advocacy, etc. I release the staff, volunteers, etc. of St. Joseph Parish from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of parent/guardian \_\_\_\_\_