



**REGISTRATION FORM**  
**St. Francis and St. Mary Religious Education Program**  
**9716 CEMETERY ROAD**  
**BRUSSELS, WI 54204**

**PLEASE PRINT AND COMPLETE EACH SECTION DUE BY THE START OF R.E.** Date: \_\_\_\_\_

Family Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Registered at this church: (Please circle one) Y N**

If OTHER, please write PARISH NAME & ADDRESS here: \_\_\_\_\_

Father: \_\_\_\_\_ Mother (Maiden name): \_\_\_\_\_  
 Workplace: \_\_\_\_\_ Work Place: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Religion: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address mail to: Mother Father Both Other: \_\_\_\_\_

**Emergency Contact: If You Are Unable to Reach Me, Please Contact the Following:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_  
**Does your child have individual considerations: dietary, medical, behavioral, other?** Y N

*Describe on the reverse side of this form.*

**\*\*STUDENT INFORMATION\*\***

<b>Student Name:</b>	<b>Birth Date:</b>	<b>Grade:</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**\*\*SACRAMENTS\*\***

For the Sacraments of First Reconciliation, First Communion and Confirmation, a copy of your child's Baptism is required if he/she has not been Baptized in either Namur or Brussels. The copy can be given to Fr. Edward Looney. **Fee of \$20.00 for First Communion**

<b>Date:</b>	<b>Church where performed</b>	<b>Street &amp; City Address of Church</b>
Baptism: _____	_____	_____
1 <sup>st</sup> Recon.: _____	_____	_____
1 <sup>st</sup> Eucharist: _____	_____	_____
Confirmation: _____	_____	_____

**\*Please return registration and fee \$60.00 per child BEFORE classes begin. If the fee is a burden for you, please talk to Fr. Edward Looney.**

Do we have your permission to take picture of your child in class to use for promotional or information purposes? (Please circle one) Y N

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Fees Paid:** \_\_\_\_\_

For Office Use Only: <b>Fee: \$60 per Student / Maximum \$180.00 per family</b> Year: _____ Paid in full: _____ Check #: _____ Date Check Rec'd: _____
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**Please return registration form to the Parish Office or to Fr. Edward Looney, Interim Director of Religious Education, with \$60.00 fee per student and \$20.00 Sacramental fee by September.** Contact the parish office for financial questions at 825-7555.

*Make check payable to: St. Francis and St. Mary Parish*  
 Mail check & form to: Attn: Religious Education Coordinator  
 9716 Cemetery Road Brussels, WI 54204