

# ***A Family of Faith***

## **All Saints Catholic Church of Mater Dei Pastorate**

**Family Last Names** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

REGISTERED MEMBER OF:  St. John the Baptist  St. James  All Saints  Our Lady of the Lake  Holy Family  
 Other  I would like to register as a parishioner, please call me.

**Father's Full Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:

Baptism  Eucharist  Confirmation  Marriage

**Mother's Full Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:

Baptism  Eucharist  Confirmation  Marriage

The child(ren) currently live with:  Both parents  Mother only  Father only  Other

If other, please explain? \_\_\_\_\_

STUDENT'S FULL NAME	BIRTHDAY (MM/DD/YYYY)	GRADE	Has your child received any sacraments?		
			Baptism	1st Communion	Confirmation

Are you requesting a sacrament for any of the above listed child(ren)?  Yes  No

If yes, which child & Sacrament? \_\_\_\_\_

**STUDENT PICK UP AUTHORIZATION & IN CASE OF AN EMERGENCY IF PARENT ISN'T AVAILABLE**

In the event that I am unable to pick up my child(ren) from Religious Education classes, the following people have my permission to do so.

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

*REGISTRATION FEES & FORMS*

**Cost of \$75 per family** for the A Family of Faith program for first year of family enrollment. Includes, Parent’s Guide, Children’s Activity Book, Bible, & Catechism

\$20 additional Children’s Activity Book

\$50 for subsequent years. Includes, Parent’s Guide, Children’s Activity Book

**Cost of \$50 for First Communion and \$100 for Confirmation prep classes.** Confirmation will be held at All Saints.

Please remember, no family will be turned away if they cannot afford tuition. Please ask for assistance.

**Please make checks payable to: All Saints Catholic Church**

Permission is hereby granted to the Mater Dei Pastorate or the Diocese of Madison for use of photographs of and/or quotations from my child(ren) to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and printed media.

I am the legal parent/guardian of the child(ren) listed on this form and certify that the information provided is corrected to the best of my knowledge.

Signature	Printed Name	Date
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OFFICE USE ONLY Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Fee Paid by: Cash Check # \_\_\_\_\_

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Baptismal Certificate(s) Yes No