

# Lifelong Faith Formation REGISTRATION 2018-2019



Family Name \_\_\_\_\_  
 \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Phone #1 (\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_) \_\_\_\_\_

Emergency contact: (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

Child/Children live with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father

*Parent living outside the home that would also like to be informed about these programs:*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Registered members of St. Dominic Parish: \_\_\_ Yes \_\_\_ No

I would like to volunteer as a catechist/aide for grades K3-6 \_\_\_\_\_ (*indicate grade*)

I would like to volunteer for the Core Team for *Edge (7/8)* \_\_\_ or *Life Teen (9-12)* \_\_\_

## CHILDREN'S MINISTRY Grades K3-6

Sunday, 9:00-10:15 am: K3, K4, K5  
 Tuesday, 6:15-7:30 pm: K5-6<sup>th</sup>  
 Thursday, 4:30-5:45 pm: K5-6<sup>th</sup>

Name	Grade 2018-19	Sun.	Tues.	Thurs.	DOB	Health Concerns/Allergies; Learning disabilities or limitations

## YOUTH MINISTRY

Edge: Grades 7-8

1<sup>st</sup> & 3<sup>rd</sup> Sundays, 6:30-8:00 pm (tent.)

Life Teen: Grades 9-12

2<sup>nd</sup> & 4<sup>th</sup> Sundays, 7:00-8:30 pm (tent.)

Name	Grade 2018-19	DOB	School	Health Concerns/Allergies; Learning disabilities or limitations

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**HOME SCHOOL:** Grades 1-8

Name	Grade 2018-19	Email	Phone

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**CONFIRMATION:** Grade 11

Registration for the 2018-19 program was conducted last spring. For more information, please contact the LFF office: 262.781.3480, Ext. 250

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**FORMATION FEES: \$125 per student**  
Homeschool fee: \$60 per student

**Additional Fees:** (per student)

1<sup>st</sup> Reconciliation/1<sup>st</sup> Eucharist fee: \$65

**Retreat fees**

Grades 7-8: \$ 70  
Grade 9: \$100  
Grade 10: \$75

*Checks should be made payable to St. Dominic LFF (Lifelong Faith Formation).  
Payment may be made online at [stdominic.net](http://stdominic.net)*

Please return this registration form, the Release of Information form, and payment **by August 1** to:

St. Dominic Catholic Parish  
Lifelong Faith Formation Office  
18255 W. Capitol Dr.  
Brookfield, WI 53045

*Registrations received after August 1 will be charged a \$25 late fee per student.*

***All fees are due at registration. No student will be declined due to financial hardship.  
If financial assistance is needed, please contact the LFF office for a grant application.  
Applications will be evaluated based on need.***

<b>Office use only</b>	
Formation fees: _____	Photo Permission
Additional fees: _____	Yes _____ No _____
Total: _____	
Catechist discount _____	

**ST. DOMINIC CONGREGATION – ARCHDIOCESE OF MILWAUKEE**

**RELEASE OF INFORMATION FORM**

Consent is hereby given to St. Dominic Congregation for the use and edit of any **videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child/children** may appear. *Name(s) of children (i.e. under 18 years of age) will not be used to identify photos, videotapes, slides, audiotapes or other visual or audio reproductions without consent.* I understand that these materials are being used for promotion of St. Dominic Congregation. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. Release is hereby given to the staff, volunteers, etc. of St. Dominic Congregation from any liability connected with the use of my or my child/children's picture or voice recording as part of any of the above or similar activities.

\_\_\_\_\_  
**Signature of Adult or Parent/Legal Guardian** Date

Consent is hereby given to St. Dominic Congregation to use **my/my child/children's name, address, phone number and email address in parish/school directories and publications.**

\_\_\_\_\_  
**Signature of Adult or Parent/Legal Guardian** Date

\_\_\_\_\_  
Print Adult or Parent/Legal Guardian Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
**Preferred Email address(s)**

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I have read the above and **do not** give my consent and authorization.

\_\_\_\_\_  
**Signature of Adult or Parent/Legal Guardian** Date

*Each parish/school should establish policies regarding the release of names, addresses, phone numbers and images of students, faculty, staff and school families. For inclusion in directories, brochures, websites or any other medium, permission needs to be obtained from the individual(s) involved, and in the case of minors, from their parent/guardian. General group pictures of students, staff, etc. without specific identification of individuals are not subject to this policy. All official pictures and recordings taken at events and activities of a parish/school by staff/volunteers remain the property of the parish/school. (Policy 1112 Archdiocese)*