

# Faith Formation Registration Form, 2024/2025

St. Elizabeth, St. Joseph, and Sts. Peter and Paul

Family Name \_\_\_\_\_ Parent Name(s) \_\_\_\_\_

\*We are **registered** members of: SE \_\_\_\_\_ SJ \_\_\_\_\_ SSPP \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address (Information is communicated via email throughout the year) \_\_\_\_\_

**Check all sacraments your child has received**

Student Name	M/F	Date of Birth	Grade

Baptism	Reconciliation	Eucharist

**Registration Fee:**

Family Rate for Grades K-11 \$100/family \_\_\_\_\_

**Submit this form along with payment to:**

SS. Peter & Paul Church  
 ATTN: Religious Education Registration  
 PO Box 86  
 Gilman, MN 56333

Those volunteering as catechists do not pay a registration fee.  
 If there is a financial need, please contact the parish office.

**Make checks payable to Sts. Peter and Paul.**

Please send your registration form along with payment to the parish office by **September 8<sup>th</sup>**.

\*If your family is **not** registered in one of our three parishes, please contact Jan in the parish office.

<b>For Office Use Only:</b>	Date Paid _____	Amount Paid _____	Cash _____	Check Number _____
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Please list your child's name with any allergies or medical concerns that pertain:

Name of Child

Allergies or medical concerns

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## Emergency:

If you cannot be reached, please provide the name and phone number of someone we can call in case of an emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

**Health Authorization:** In case of serious injury and I/we cannot be contacted, I/we hereby authorize the Director of Faith Formation or their appointed representative to call an ambulance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE PERMISSION:** As a parent or guardian of this student(s), I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional and/or educational purposes (including the parish website and/or bulletin.)

\_\_\_ Yes, I give consent. \_\_\_ No, I do not give consent. Parent signature: \_\_\_\_\_

Student(s) names: \_\_\_\_\_

**Eighty-five percent of young Catholics stop practicing their faith within ten years of Confirmation.**

**Religious education that is rooted in family and home life is proven to have the best results.**