

## Holy Angels Faith Formation Registration 2024-2025 • Grades K-10

### Family Information

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Religion: \_\_\_\_\_ Can you receive texts? Y or N

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*If two addresses are listed, where would you like information sent?*  Father  Mother  Both

Children live with:  Both  Only Mom  Only Dad  Shared

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Someone other than a parent)

### Parish Membership

We are members of (circle one): HA SFC SMIC HT-N **OR** We are members of \_\_\_\_\_ Church (additional \$50 fee per family)

We would like to become parish members of (circle one): HA SFC SMIC HT-N

### Student Information

	Child #1	Child #2	Child #3	Child #4
<b>Name</b>				
<b>Gender</b>				
<b>Date of Birth</b>				
<b>School Student Attends</b>				
<b>Grade in Sep. 2024</b>				
<b>Any special needs or allergies?</b>				
<b>Please circle all the Sacraments your child has received</b>	Bap. Rec. Comm. Conf.	Bap. Rec. Comm. Conf.	Bap. Rec. Comm. Conf.	Bap. Rec. Comm. Conf.
<b>Program Registration</b> <i>Please check one.</i> See <a href="http://www.hawb.org/reled">www.hawb.org/reled</a> for program information	<input type="checkbox"/> Gr. K5-8, Sunday Night <input type="checkbox"/> Gr. K5-8, At-Home <input type="checkbox"/> Gr. 9-10 Small Group	<input type="checkbox"/> Gr. K5-8, Sunday Night <input type="checkbox"/> Gr. K5-8, At-Home <input type="checkbox"/> Gr. 9-10 Small Group	<input type="checkbox"/> Gr. K5-8, Sunday Night <input type="checkbox"/> Gr. K5-8, At-Home <input type="checkbox"/> Gr. 9-10 Small Group	<input type="checkbox"/> Gr. K5-8, Sunday Night <input type="checkbox"/> Gr. K5-8, At-Home <input type="checkbox"/> Gr. 9-10 Small Group

For Office Use Only

**OVER →**

Date Received:	Amount Received: \$ _____ A.C.	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date _____
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<b>2024-2025 Faith Formation Fees</b>	
<b>Program Fees</b> (K-8 Sunday Night, 9 <sup>th</sup> -10 <sup>th</sup> Programs)	
One Child.....	\$100
Two Children.....	\$180
Three or more children.....	\$250
<b>Program Fees</b> (K-8 At-Home Program)	
One Child.....	\$65
Two Children.....	\$120
Three or more children.....	\$175
<b>Non-Cluster Fee</b>	
Non-Members of HA, SFC, SMIC, or HT-Newburg.....	\$50 additional fee per family

<b>Fee Calculation</b>	
K-8 Sunday Night & 9 <sup>th</sup> -10 <sup>th</sup> Program Fee	+ _____
K-8 At-Home Program Fee	+ _____
Non-Member (of HA, SFC, SMIC, or HT-N) Fee	+ _____
<b>Discount</b> for Catechist, Aide, or High School Small Group Leader ( <i>subtract total amount due</i> )	- _____
<b>TOTAL DUE =</b> _____	
<i>Please Note: The total amount due should not exceed \$250 if your family is a member of HA, SFC, SMIC, or HT-N, or \$300 if your family is not a member of these parishes.</i>	

Please see [www.hawb.org/reled](http://www.hawb.org/reled) for more information on each program.

\*Sacramental registration (for Confirmation, and First Reconciliation and Communion) is separate from this form. Information about Sacraments will come separately.

**You have the option of paying a \$30 deposit or the full balance with registration. The remaining balance will be billed in late August.**

**Please return this form and make checks out to Holy Angels Parish.**

*Our Holy Angels Faith Formation policy states: "No student will be denied Faith Formation classes for financial reasons." Please contact the Faith Formation Office for more information on tuition assistance or payment plans.*

### Archdiocese of Milwaukee, Release of Information, Photography & Video Consent

I, the parent/legal guardian listed on this form, hereby consent that any still or electronic image and/or audio recording, in which I or my child(ren) listed above may appear, may be used by the Catholic Parishes of West Bend/Newburg and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of the Catholic Parishes of West Bend/Newburg and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_