St. Peter H.S. Faith Formation
2224 30th Avenue Kenosha, WI 53144
262. 551.9004
Coordinator: Kurt G. Baumann, 262.945.2067,
kgbauman@scj.com

2026/2027 H. S. Program Registration & Fees

Program Fee: $100.00 Payable to St. Peter Catholic Church. Note: Fees will be adjusted (higher) for student who joins in as 10th or 11th Grade to compensate for the Confirmation Retreat Costs

Registration due by: **August 31, 2026**

To be filled out by Office, 2026-2027

Amt. Paid_____Date_____

Amt. Due _____

_____
Family Name

_____
Home Address - street

_____
Home Address - City & State Zip

Email (for correspondence): _____(print clearly)

Father's Full Name:_____ Religion:_____

Address (*if different*)_____ City:_____ Zip code:_____

Home Phone w/area code: Home_____ Cell:_____

Email: _____(Please Print clearly)

Mother's Full Name: _____ Religion:_____

Address (*if different*)_____ City:_____ Zip code:_____

Home Phone w/area code: Home_____ _____Cell:_____

Email: _____(Please Print Clearly)

Child resides with [ ] Both Parents [ ] Mother only [ ] Father only

Send mail to: [ ] Both Parents [ ] Mother only [ ] Father only

Emergency Contacts (we will call parents first but if you are not available, who should we contact?)

Name:_____Home Phone:_____ Cell Phone:_____

Name:_____Home Phone:_____ Cell Phone:_____

Student Information **Please indicate Grade as of September 2025**

					Sacraments Received Submit copy of Baptismal certificate if not Baptized here at St. Peter or new to program		
Name	Sex M / F	Date of Birth	Grade	School Attending	Church of Baptism	First Reconciliation	First Eucharist
						[ ] Yes [} No	[ ] Yes [} No
						[ ] Yes [} No	[ ] Yes [} No
						[ ] Yes [} No	[ ] Yes [} No

Are there any physical, emotional or learning disabilities or any other needs?

Please List_____ Child's name_____

Please List_____ Child's name_____

Are there any medications or medical conditions such as allergies or diabetic needs?

Please List_____ Child's name_____

Please List_____ Child's name_____

Photograph/Video Release:

At times during the year, teens may be photographed or videotaped for use in program displays, the parish bulletin or website, newspaper stories, or other publicity-related publications. These materials will only be used for appropriate purposes. By signing below, you hereby agree to release pictures and video for use by St. Peter Formation Ministries. If you have any questions about or limitations to this release, please note them below.

*Parent /Guardian Signature:*_____ *Date:*_____

For High School Students only:

Student Name:_____ Teen Cell Phone: _____

Teen Email: _____

Student Name:_____ Teen Cell Phone: _____

Teen Email: _____

Parent permission to contact teen by cell phone or email:_____

Parent/ Guardian Signature

SPONSOR INFORMATION

Sponsor Name: _____Over 16 years old? _ YES

Mailing Address: _____

_____

Email Address: _____