

St. Peter H.S. Faith Formation2224 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 onlySend 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

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

Sacraments Received

Submit copy of Baptismal certificate if not
Baptized here at St. Peter or new to program

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: _____