2024-25 ST. BRONISLAVA SACRAMENT REGISTRATION FEE FORM (SACRAMENT FEE ONLY)

Please complete this form and return with payment (by check or cash) to: St. Bronislava Parish, Attn: Faith Formation, P.O. Box 158, Plover, WI 54467 Or: Go to the STBRONS.COM home page, scroll down and click on the "Faith Formation Online Registration" button.



St. Bronislava Faith Formation 2024-25

	eparation and celebration of Sacraments are completed in your Pari
ıll Name (Father)	(Mother)
ddress	
ther's Information below	City Zip Code Mother's Information below
mail Address	Email Address
none #	
ell Phone #	Cell Phone#
Father's Religion	Mother's Religion
	Mother's Maiden Name
elect PRIMARY contact: ☐ Father ☐ Mother	
If divorced or separated, children live with:	I Joint □ Mother □ Father
mergency Contact Name	Phone #
	our children taken during the program activities? YesNo
Childs Name Grade (allergies, meds, b	
	e <u>School</u> <u>Special Needs</u>
(allergies, meds, b	e School Special Needs ehavioral, physical, etc and any other notes)
(allergies, meds, b	e School Special Needs ehavioral, physical, etc and any other notes)
(allergies, meds, b 1 2 If your child(ren) has NOT	e School Special Needs ehavioral, physical, etc and any other notes) been BAPTIZED, please check here.
(allergies, meds, b 1 2	e School Special Needs ehavioral, physical, etc and any other notes) been BAPTIZED, please check here.
(allergies, meds, b 1 2	e School Special Needs ehavioral, physical, etc and any other notes) been BAPTIZED, please check here.
(allergies, meds, b 1	e School Special Needs ehavioral, physical, etc and any other notes) been BAPTIZED, please check here.

FOR OFFICE USE ONLY:

Balance Due

Balance Due_

Balance Due

Receipt#

Receipt#

Receipt#_

Reminders Sent

Date

Date

Date

Date Forms Received_

Amount Paid

Amount Paid

Amount Paid