

Religious Education Registration Form

Grades PreK–12 | 2025–2026 (FY 26)

Family Information

Mother's Information

Full Name	
Maiden Name	
Religion	
Cell Phone	
Email	

Father's Information

Full Name	
Religion	
Cell Phone	
Email	

Child(ren) Information

Address (Primary Residence)	
City/State/ZIP	
Parish where registered	

Emergency Contact

Name	
Phone	
Relationship	

Parental Consent

I consent to the use of photographs, videos or likeness of my child(ren) for parish related purposes only.

Examples: bulletins, parish directories, on-site posterboards or photo albums, parish website/social page, etc.

Circle one: YES / NO

Parent/Guardian Signature: _____ Date: _____

I understand that both my child(ren) and I are responsible for completing the Diocese of La Crosse Protect and Heal Student and Parent Training. If we do not complete the training, I understand that I must submit the appropriate opt-out form for my child(ren). For information regarding Protect and Heal training, please see <https://diolc.org/safe-environment/training/> or contact Pat Obernberger.

Parent/Guardian Signature: _____ Date: _____

Program Fee

\$35.00 per family. Please include payment with registration.

Paid: YES / NO Cash/Check # _____ Date: _____

Student Information #1 (complete individual information for each child registering)

Student Name	
Date of Birth	
Place of Birth (city)	
Grade (2025–26)	
School Attending (or “Homeschool”)	
Sacraments Received (✓ all that apply)	☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
Baptism Location – Parish, City/State	
Date of Baptism (if known)	

If your child was not baptized at St. Mary Parish, Coon Valley or the Annunciation of the Blessed Virgin Mary Parish, Viroqua we request that you provide a photo copy of their Baptismal Certificate prior to receiving a sacrament.

Class Registration (check all that apply)

- | | |
|---|---|
| ☐ Catechesis of the Good Shepherd (Atrium I) – Ages 3–6 | ☐ Decision Point (Grade 9) |
| ☐ Catechesis of the Good Shepherd (Atrium II) – Ages 6–9 | ☐ Confirmation Preparation (Grades 10–12) |
| ☐ Blessed: First Reconciliation (Grades 2–5) | ☐ Bible Study for Sunday Gospel Preparation (Grades 11+) |
| ☐ Blessed: First Communion (Grades 2–5) | ☐ Little Rock Bible Study (6 & 3 session options) (Grades 11+) |
| ☐ Family of Faith (K–9) | |
| ☐ Encounter: Bible Timeline (Grades 6–8) | |

Medical / Special Needs Information:

Student Information #2

Student Name	
Date of Birth	
Place of Birth (city)	
Grade (2025–26)	
School Attending (or “Homeschool”)	
Sacraments Received (✓ all that apply)	☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
Baptism Location – Parish, City/State	
Date of Baptism (if known)	

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| ☐ Family of Faith (K–9) | |
| ☐ Encounter: Bible Timeline (Grades 6–8) | |

Medical / Special Needs Information

☐ I am registering additional student(s). (Attach as many “Additional Student Registration Page(s)” as necessary).

Additional Student Registration Page

(Complete one information section for each additional student being registered.)

Parent/Guardian Name(s): _____

Student Information

Student Name	
Date of Birth	
Place of Birth (city)	
Grade (2025–26)	
School Attending (or “Homeschool”)	
Sacraments Received (✓ all that apply)	☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
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Medical / Special Needs Information:

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