



St. Adalbert Parish - Rosholt Religious Education Registration 2025-2026

The St. Adalbert Parish CCD Program believes that parents of our students are the **primary** teachers of the Catholic Faith to their child/children.

Our CCD program is here to assist the parents in teaching the Catholic Faith to the students enrolled, and **requires parent involvement** by attending Mass on Sundays and Holy Day of Obligations as a family, practicing the habit of daily prayers, and by participating and supporting the ideas of our program including our family events and attendance of weekly Rosary or Stations of the Cross offered at the end of each CCD class.

Our Mission is to increase the Catholic Faith of the whole family by assisting parents, but by especially sharing the faith with the students enrolled in our program through instruction, example, and life experiences.

Family Information

Family Last Name: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Religion _____ Parish _____

Family Email: _____

(Notifications regarding cancellation and other information will be sent to this email address)

Father's Information: ___ Single ___ Married ___ Divorced ___ Deceased

Name: _____ Home/Cell Phone: _____

Occupation: _____ Work Phone: _____

Please complete only if different than above:

Mailing Address: _____

Religion _____ Parish _____

Mother's Information: ___ Single ___ Married ___ Divorced ___ Deceased

Name: _____ Home/Cell Phone: _____

Occupation: _____ Work Phone: _____

Please complete only if different than above:

Mailing Address: _____

Religion _____ Parish _____

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Student 1 ☐ Male ☐ Female

Full Name: _____
(First, Middle, Last)

Grade of enrollment _____

Health Considerations: _____

Student 2 ☐ Male ☐ Female

Full Name: _____
(First, Middle, Last)

Grade of enrollment _____

Health Considerations: _____

Student 3 ☐ Male ☐ Female

Full Name: _____
(First, Middle, Last)

Grade of enrollment _____

Health Considerations: _____

Student 4 ☐ Male ☐ Female

Full Name: _____
(First, Middle, Last)

Grade of enrollment _____

Health Considerations: _____

REGISTRATION FEE

Parishioner: 1 student - \$75, 2 students - \$125, 3 or more students - \$150

Non-Parishioner: \$100 per student.

SACRAMENTAL PREPARATION NOTIFICATION AND FEE

For students, who will be preparing and receiving for the Sacraments of First Reconciliation/First Eucharist or Confirmation in 2025-2026 will be required to complete one Sacramental Registration Form per student; the form will be provided.

Plus pay **Sacrament Preparation Fee:** *(Fee is to help offset the cost of retreats and other materials.)*

First Reconciliation/First Eucharist - \$50

Confirmation - \$50

- *Financial assistance is available for families having a hardship paying either registration fee and/or sacramental preparation fee. Contact CRE for more information.*

CANCELLATION NOTIFICATION

- Notification of cancellation of classes will be sent through to the email address/cell phone numbers provided.
- Weekly Rosary/Station of the Cross will be cancelled if the Rosholt School district is closed, closes early, or cancels after school activities.

ATTENDANCE REQUIREMENTS

I understand regular attendance in CCD class and events are important for the knowledge of our Catholic Faith. CCD needs to be a **PRIORITY**. If my student has more than 3 (three) unexcused absences, we, the parents of the student, are to arrange with the CCD Coordinator to make up any missing work to avoid their student repeating the same grade. Failure to complete make up work will result in the student repeating that grade.

ABSENCES REPORTING

I understand if my child is unable to attend a CCD class or event, I am required to email or phone the CCD coordinator so your child is not considered unexcused: saccd@rosholtcatholic.org or phone 715-677-4519 ext 4.

Parent/Guardian Signature: _____

Date: _____

PERMISSIONS

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the numbers listed on this form, contact:

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Family Doctor: _____ Phone: _____

Parent/Guardian Signature: _____

Date: _____

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Permission to Use Student Photos: Do we have your permission to use photos/videos of your child(ren) taken during program activities?

Parent/Guardian Signature: _____

Date: _____

Permission for events held at St. Adalbert Parish, Rosholt: I hereby give permission for my registered child(ren) to participate in events and activities that are held at **St. Adalbert Parish, Rosholt** school and church. I agree to defend, protect, indemnify and hold harmless **St. Adalbert Parish, Rosholt, the Diocese of La Crosse and its Bishop** against and from all claims arising from the negligence or fault of the participant that causes damage to property or injury to others.

Parent/Guardian Signature: _____

Date: _____

CCD Volunteers Wanted - We can use your help- please mark all that apply.

Parent/Guardian interested in volunteering: _____

Best time/way to reach you: _____

Please check all that apply

<input type="checkbox"/> Teacher	<input type="checkbox"/> Prayer Listener	<input type="checkbox"/> Chaperone for retreats
<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Event Helper	<input type="checkbox"/> Fundraiser Helper
<input type="checkbox"/> Christmas Program Helper		<input type="checkbox"/> Lent Program Helper

For Office Use Only: Registration Fee - \$ _____

Sacrament Fee - \$ _____

Total Due - \$ _____

Payment Received \$ _____ **Date:** _____

☐ Check # _____ / ☐ Cash _____