Tri - Parish Religious Education Program
2026 - 2027 STUDENT REGISTRATION

Family Last Name: _____

Registered Member of a Parish:_____ Yes _____NO

Which Parish?

Religious Education Fees:

$95.00	First Child
$75.00	Second Child
$65.00	Third Child
$30.00	11th & 12th graders
Free	Any Additional Children

Submit one Registration Form and check per family.

Registration fees payable to: Tri - Parish

Questions?? Contact Deacon Ed Wendt at 715-672-4668 or e-mail dre@catholictriparish.org

Grade	Child's Name	M/F	Birthdate	Fee ($)	School Student Attends	Please Check and List Where Sacraments Received			
xxxxxx	xxxxxx	xxx	xxx	xxx	xxxxxx	Baptism	Recon-ciliation	Eucharist	Confirma-tion
	Special Needs:			$95					
	Special Needs:			$75					
	Special Needs:			$65					
11th & 12th	Special Needs:			$30					
	Special Needs:			Free					

Please use the QR Code to sign up for Flock Note - Flock Note is our communication platform to keep you and your children up to date with RE and YM events and programs. If you would like your child(ren) to receive info too, please have them sign up for Flock Note as well!

Family Last Name: _____

2026- 2027
Tri - Parish Religious Education Program Registration Form

For Office Use Only: Registration Date _____

Tuition Due $_____
SCRIP credit $_____
Amount received $_____
Balance still owed $_____
Payment Type: Check # Cash

Family Contact Info

Mother: _____ **Father**: _____

Home Address:	Address:
Home Phone:	Home Phone:
E-mail:	E-mail:
Cell Phone:	Cell Phone:
Religion:	Religion:
Occupation: _____	Occupation: _____

Child(ren) live with __ Parents, ___Mother, ___Father, ___Step parent & parent, ___Grandparents, Other(list)_____

Physician: _____ Phone: _____

Clinic/Hospital Preference: _____ Phone: _____

Health Insurance Carrier _____ (Optional) Policy # or Group # _____ (Optional)

Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of the Tri - Parish Religious Education staff/volunteer corps to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above-mentioned clinic or associated hospital for medical care and treatment as deemed appropriate. I will not hold the Tri - Parish, The Diocese of LaCrosse or any staff/volunteer liable for any injuries my child(ren) may incur while participating in the Tri - Parish Religious Education, Youth Ministry or Youth Group Program events.

Parent or Guardian Signature: _____ Date: _____

Emergency Contact (Other than Parent)

Name: _____

Phone: _____

Photo Release: By signing this form, you grant permission for the Tri-Parish to use photos which contain your children's likeness for the Tri-Parish website, event flyers, etc. No identifying information will be posted with the photo (i.e., name, address, etc.).