

2026-27 Registration Formation Ministries



PARENT/GUARDIAN INFORMATION

Family Last Name: _____ Registered Parish Members? Yes No

Mailing address: _____
City _____ Zip code _____

Student/s live primarily with: both parents mother father

Father's Name: _____ Mother's Name: _____

Father's Email: _____ Mother's Email: _____

Father's Cell #: _____ Mother's Cell #: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to student: _____

Address: _____
City _____ Zip code _____

Email: _____ Cell: _____

STUDENT #1 INFORMATION:

Name: _____ Date of Birth: _____ Sex: M F

Grade Entering: _____ School: _____ Email: (MS & HS only): _____

My child has received these sacraments: Baptism* Reconciliation Eucharist Confirmation

**If not baptized at St. Dominic, please provide certificate copy.*

Allergies: _____

Physical & medical needs: _____

Mental health considerations (e.g. anxiety, depression): _____

Learning challenges/special needs: _____

Children's Ministry

Kairos for Kids – Sundays (9:00-10:15am)

K3 K4

Sunday K5 class (9:00-10:15am)

K5

Monday classes (4:45-6:00pm)

K5 1st 2nd 3rd 4th 5th

Tuesday classes (6:15-7:30pm)

K5 1st 2nd 3rd 4th 5th

Student Ministries

EDGE Middle School Ministries (6-8)

Edge – Tuesdays (6:00-7:30pm)

Emmaus – Mondays (4:45-6:00pm)

Life Teen High School Ministries (9-12)

Life Teen – Sundays (5:15-6:45pm)

Confirmation preparation - 11th- (5:15-6:45pm)

– Confirmation retreat preference:

December 4-6 or February 12-14

Registration 2026-27 - p.2

Formation Ministries



STUDENT #2 INFORMATION:

Name: _____ Date of Birth: _____ Sex: M F

Grade Entering: _____ School: _____ Email: (MS & HS only): _____

My child has received these sacraments: Baptism* Reconciliation Eucharist Confirmation

**If not baptized at St. Dominic, please provide certificate copy.*

Allergies: _____

Physical & medical needs: _____

Mental health considerations (e.g. anxiety, depression): _____

Learning challenges/special needs: _____

Children's Ministry

Kairos for Kids – Sundays (9:00-10:15am)

K3 K4

Sunday K5 class (9:00-10:15am)

K5

Monday classes (4:45-6:00pm)

K5 1st 2nd 3rd 4th 5th

Tuesday classes (6:15-7:30pm)

K5 1st 2nd 3rd 4th 5th

Student Ministries

EDGE Middle School Ministries (6-8)

Edge – Tuesdays (6:00-7:30pm)

Emmaus – Mondays (4:45-6:00pm)

Life Teen High School Ministries (9-12)

Life Teen – Sundays (5:15-6:45pm)

Confirmation preparation - 11th - (5:15-6:45pm)

– Confirmation retreat preference:

December 4-6 or February 12-14

STUDENT #3 INFORMATION:

Name: _____ Date of Birth: _____ Sex: M F

Grade Entering: _____ School: _____ Email: (MS & HS only): _____

My child has received these sacraments: Baptism* Reconciliation Eucharist Confirmation

**If not baptized at St. Dominic, please provide certificate copy.*

Allergies: _____

Physical & medical needs: _____

Mental health considerations (e.g. anxiety, depression): _____

Learning challenges/special needs: _____

Children's Ministry

Kairos for Kids – Sundays (9:00-10:15am)

K3 K4

Sunday K5 class (9:00-10:15am)

K5

Monday classes (4:45-6:00pm)

K5 1st 2nd 3rd 4th 5th

Tuesday classes (6:15-7:30pm)

K5 1st 2nd 3rd 4th 5th

Student Ministries

EDGE Middle School Ministries (6-8)

Edge – Tuesdays (6:00-7:30pm)

Emmaus – Mondays (4:45-6:00pm)

Life Teen High School Ministries (9-12)

Life Teen – Sundays (5:15-6:45pm)

Confirmation preparation -11th - (5:15-6:45pm)

– Confirmation retreat preference:

December 4-6 or February 12-14

Registration 2026-27 - p.3

Formation Ministries



EMERGENCY CONTACT INFORMATION

Please provide an emergency contact, **other than a parent**, in the event that neither parent can be reached.

Name: _____ Phone: _____

Relationship to student: _____

EMERGENCY TREATMENT

I/We further give our permission for any medical treatment deemed necessary while said child/ward are under the care of St. Dominic Catholic Parish and its representatives as a participant. Parents will be contacted immediately should medical treatment or hospitalization be required. In the event of any emergency, and I/We cannot be reached, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I/We are unable to be reached, the listed emergency contact is given temporary medical power of attorney until we are reached.

Parent/Legal Guardian Signature: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

PHOTO/VIDEO RELEASE

I/We hereby understand that my child/ward's participation in this event/class grants St. Dominic Catholic Parish permission to use my child's photograph(s)/video in any of its current or future publications. I will make no monetary or other claim against St. Dominic Catholic Parish for the use of the photograph(s)/video for any current or future use.

Parent/Legal Guardian Signature: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form

INDEMNITY AGREEMENT

I/We hereby consent to participation by my/our child/ward in this St. Dominic Catholic Parish ministry and hereby release St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) from responsibility of personal injury. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by St. Dominic Catholic Parish in defending a lawsuit that I or my CHILD/WARD may bring against the parish which relates to the above named ministries if the parish is found not legally liable by the courts and prevails in the lawsuit. If the parish is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ministry that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the St. Dominic Catholic Parish to clarify any concerns or questions about the ministry or this agreement that I may have had.

Parent/Legal Guardian Signature: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form

Registration 2026-27 - p.4

Formation Ministries



PARENT VOLUNTEER OPPORTUNITIES

Our Formation ministries need many volunteers to be successful! Catechists & Core Team members will receive a discount on program fees (including those with children in Child Ministry classes who volunteer with the Core Team). The Archdiocese requires that all volunteers complete *the Safeguarding All God's Family* training (includes one-time class, online training & background check).

Child Ministry volunteer opportunities:

- Catechist/Co-catechist—Grades K5-5th
- Classroom aide—Grades K5-5th
- Kairos for Kids leader—K3/K4
- Kairos for Kids assistant—K3/K4
- Help with 1st Reconciliation retreat (Nov.)
- Help with 1st Eucharist retreat (April)
- Help with 1st Eucharist retreat lunch

Student Ministries volunteer opportunities:

- Edge Core Team
- Emmaus Core Team
- Life Teen Core Team
- Confirmation small group leader

FORMATION MINISTRY FEES

Kairos for Kids (K3 & K4)	no fee (funded from our parish stewardship contributions)	
Formation classes (K5-5 th grade):	Registered parishioner fee:	\$125 per child through July 23 \$150 per child beginning July 24
	Non-parishioner fee:	\$175 per child through July 23 \$200 per child beginning July 24
Sacramental Fee	Students preparing to receive 1 st Reconciliation & 1 st Eucharist; additional \$75 sacramental preparation fee due in October.	
EDGE Middle School Ministries	no fee* for Edge & Emmaus	
LIFE TEEN High School Ministries	no fee* for Life Teen	

**Fees for events outside the normal ministries (Excursions, retreats, summer trips, etc.) are assessed at time of registration for these events.*

Confirmation preparation (11th grade):	Registered parishioner fee:	\$175 through July 23 \$200 beginning July 24
	Non-parishioner fee:	\$225 through July 23 \$250 beginning July 24
Confirmation retreat fee:		\$150 through July 23 \$175 beginning July 24



Payment may be made online at <https://tinyurl.com/Formationpayment>
or by check payable to **St. Dominic Parish**

*No family will be turned away due to financial difficulties. Please contact **Jill Fischer**, Director of Discipleship & Formation for information about payment plans or financial aid opportunities.*

OFFICE USE ONLY:

Payment received: ___/___/20___ Amount: \$_____ [] Online [] Cash [] Check _____