2026-27 Journey Registration

Faith * Education* Service * Community

An Adaptive Catholic Formation Ministry of the Catholic Parishes of Washington County for those with special needs

Student/Friend Information:

Name: _____ Male/Female
Address:_____
City_____ State:_____ Zip:_____ Cell Phone:_____
Email:_____ If your son/daughter/ward lives in a group home, who is the main contact?_____ Phone #:_____

Date of Birth: / / Baptism: Y/N First Communion: Y/N Confirmation: Y/N

Is your son/daughter/ward in need of sacramental preparation? Y/N If so, what sacrament?
Baptism ___ First Reconciliation/First Communion ____ Confirmation ____ OCIA___
Student/Family Parish affiliation: _____

Parent/Guardian Information:

Parent/Guardian Names:_____
Address:_____
City_____ State:_____ Zip:_____
Email 1:_____ Email 2: _____
Home Phone:_____ Cell Phone 1:_____Cell Phone 2:_____
Emergency Contact :_____Relation:_____
Phone number:_____

Student/Friend Permissions:

Before each class, the lead catechist will send information regarding the next class to your son/daughter/ward in addition to the parent/caregiver, do they have permission to send them this information via:
Text___ Email___? Yes ___ No____ If not, whom should they send it to?_____

Are there any concerns we should have with your son/daughter/ward regarding crossing streets or open spaces? Yes_____ No_____ If yes, please explain_____

I hereby consent that my son/daughter/ward has permission to walk from the St. Mary Immaculate Conception Parish campus to the Queen of Heaven Park across the street.

Signature of parent/guardian_____Date_____

Will your son/daughter/ward be tube fed or be taking medication while at Journey? Yes___ No____
If yes, what medication?_____ Time:____ With food? Yes/No
Special Instructions_____

Photo & Video Consent

I hereby consent that any still or electronic image and/or audio recording in which I or my child may appear, may be used by the Journey Program and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of the Journey program and /or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my child's picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will object to the Journey program or the Archdiocese's use of this/these images/recordings.

Signature of parent/guardian_____Date_____

Journey Class Offerings:

Each class is 12-14 sessions in total. Please check off the appropriate class:

____ **6-10 year old's session.** Alternating Monday evenings 5:15-6:15 pm. First class is 9/21/26.

____ **11-15+ year old's session**. Alternating Wednesday evenings 5:30-7:15 pm. First class is 9/16/26.

____ **Great Adventure Bible Study** Alternating Thursday evenings 5:30-7:15 pm. *MUST have a minimum of a 5th grade reading level and be at least 15 years old.* First class is 9/17/26.

____ **Adult 1 Session.** Alternate Wednesday evenings 5:30-7:15 pm. First class is 9/23/26.

____ **Adult 2 Session.** Alternate Monday evenings 5:30-7:15 pm. First class is 9/14/26.

____ **Adult 3 Session.** Alternate Thursday evenings 5:30-7:15 pm. First class is 9/24/26.

This year, your son/daughter/ward's Lead Catechist(s) or Journey Director and their mentor will be reaching out to you to meet with you to update their Journey Informational Form. An in person meeting (10-15 minutes) with them is preferred. If you are a new registrant the Lead Catechist(s) and Journey Director will meet with you. Our goal with this procedure is to better meet the needs of your son/ daughter/ward. Thank you for making this adjustment. It is very much appreciated.

2026-2027 Journey Tuition

Program tuition is $110.00 per student plus a minimun of 2 hours per family of volunteering which can include any or all of the following: create items, help sell at the fundraisers in November and December, helping at Journey events, office or classroom help, be a member of the Event Planning Committee or other committee, or an on call mentor sub for one of the classes. This volunteering reduces the tuition cost for each student.
Sacramental preparation will be agreed upon by parent and Journey Director. Sacramental Prep fee is $80.

Choose your payment option: Please note, that all checks/cash will be held until July 1, 2026 to be part of the 2026-27 budget.

_____ Full payment included with registration Amount enclosed $_____

_____ Please bill me for full amount in July 2026.

_____ Pay half now and receive a bill for the remainder in fall.

_____ IRIS. Please contact me if you are interested.

_____ To pay online using OSV@SFC, please contact Maribel Estrada at SFC at 262-338-2366

_____ Financial Assistance Requested

Financial Assistance:
The Catholic Formation policy states: "**No student will be denied Religious Education classes for financial reasons**." Financial assistance is available for students/friends. If you are in need of financial assistance for your student's fees, please contact your home parish office.

Person Responsible for
Payment:_____

Phone:_____
Email:_____

Address:_____

_____

OFFICE USE ONLY

PAYMENTS

Date _____ Amount _____ Check _____ Paid in Full ____