



**2024-25 JOURNEY REGISTRATION**  
**FAITH \* SERVICE \* COMMUNITY**  
A Ministry of the Catholic Parishes of  
Washington County that  
Educates and Empowers those with  
Special Needs in their Faith

**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, do they have permission to send them this information via:  
text \_\_\_ or email \_\_\_? Yes \_\_\_ No \_\_\_  
If not, whom should they send it to? \_\_\_\_\_

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** \_\_\_\_\_

Are there any concerns we should have with your son/daughter/ward regarding crossing streets or open  
spaces? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**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 re-  
cordings may be used to support recruitment, fundraising, evangelization and other communication efforts. I re-  
lease 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 5:30-6:30 pm. First class is 9/16/24.

\_\_\_ **11-15+ year old's session.** Alternating Wednesday evenings 5:30-7:15 pm. First class is 9/11/24.

\_\_\_ **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 15years old.* First class is 9/19/24.

\_\_\_ **Adult 1 Session.** Alternate Wednesday evenings 6-7:45 pm. First class is 9/18/24.

\_\_\_ **Adult 2 Session.** Alternate Monday evenings 5:30-7:15 pm. First class is 9/9/24.

\_\_\_ **Adult 3 Session.** Alternate Thursday evenings 5:30-7:15 pm. First class is 9/12/24.

*Please fill out the enclosed updated “Journey Information And Emergency Form” and return it with your registration form. This form is necessary so the Journey Mentors and Catechists have the updated information they need to best assist your son/daughter/ward. Thank you for taking the time to fill it out. It is very much appreciated.*

**2024-2025 Journey Tuition**

*Program tuition is \$110.00 per student. Sacramental Prep is \$80.*

- ◆ *Every family is required 2 hours of volunteering for the annual fundraiser.*

**Choose your payment option:**

\_\_\_ Full payment included with registration      Amount enclosed \$ \_\_\_\_\_

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

\_\_\_ IRIS. Please contact me if you are interested.

\_\_\_ For those under 18, the county has grant programs available. *Please call ADRC of Washington County.*

\_\_\_ To pay online using OSV @ SFC, please contact Maribel Estrada at St. Frances Cabrini 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
<b>PAYMENTS</b>			
Date _____	Amount _____	Check _____	Paid in Full _____