



2025-26 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 5:15-6:15 pm. First class is 9/22/25.

_____ **11-15+ year old's session.** Alternating Wednesday evenings 5:30-7:15 pm. First class is 9/17/25.

_____ **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 9/18/25.

_____ **Adult 1 Session.** Alternate Wednesday evenings 5:30-7:15 pm. First class is 9/24/25.

_____ **Adult 2 Session.** Alternate Monday evenings 5:30-7:15 pm. First class is 9/15/25.

_____ **Adult 3 Session.** Alternate Thursday evenings 5:30-7:15 pm. First class is 9/25/25.

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.

2025-2026 Journey Tuition

Program tuition is \$110.00 per student plus a minimum of 2 hours per family of volunteering for the annual fundraiser. This includes any or all of the following: create items, pricing & packing finished products selling at the fundraisers in November, prepping materials, etc. This volunteering reduces the tuition cost for each student. Sacramental Prep is \$80.

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: _____

OFFICE USE ONLY			
PAYMENTS			
Date _____	Amount _____	Check _____	Paid in Full _____