

# 2025-2026 Religious Education Registration Form

Our Lady of the Holy Rosary of Pompeii Parish - Kenosha

2224 - 45 St. Kenosha, WI 53140

DRE Kathy Coniker  
262-652-2771 ext. 3230  
re@hrosarykenosha.org

Are there changes from last years RE form. YES  NO

Family Last Name: \_\_\_\_\_

Father's Name & Email: \_\_\_\_\_

Dad's cell: \_\_\_\_\_

Mother's Name & Email: \_\_\_\_\_

Mom's cell: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Custodial Parent, if different from above \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish Member of: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

**GR. K - 8 Wednesday Classes 4:30 - 5:40pm. Classes held in school building. Dates: Oct 1 - May 13**

**GR. 9-11 Sunday Classes 1:30 - 3:30 pm. Classes held in DeSimone Hall. Dates: Oct 5 - May 13**

**NOTE:** Please contact the Parish where your child was baptized and have them send you or Holy Rosary the Baptismal Certificate.

This Certificate is necessary for the Sacrament of Confirmation. Holy Rosary Address is above. Thank you

## Religious Education Student Fee

Students in K - 5th grade      **\$85.00** per student

Students in 9th & 10th grade      **\$125** per student

Students in 11th grade      **\$190.00** per student

Please make checks payable to Holy Rosary

On Memo Line write 'RE'

Full payment Due upon Registration Day

Notes:

### OFFICE USE ONLY

Tuition Due\$ \_\_\_\_\_

Tuition Paid\$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash # \_\_\_\_\_

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Already made

Baptism NO\_\_\_ Yes\_\_\_ Church of Baptism \_\_\_\_\_

Confession NO\_\_\_ Yes\_\_\_

Holy Communion NO\_\_\_ Yes\_\_\_

Special needs: Learning/Physical Disabilities: \_\_\_\_\_

**PHOTO/VIDEO/AUDIO RELEASE FORM**

**I/We, the parent(s)/guardian(s) of this youth, named above, authorize and give full consent, without limitation or reservation, to Holy Rosary Congregation to publish any photograph or video in which the above-named student appears while participating in any program associated with the Religious Education program. There will be no compensation for use of any photograph or video at the time of publication or in the future.**

Parent's signature: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Already made

Baptism NO\_\_\_ Yes\_\_\_ Church of Baptism \_\_\_\_\_

Confession NO\_\_\_ Yes\_\_\_

Holy Communion NO\_\_\_ Yes\_\_\_

Special needs: Learning/Physical Disabilities: \_\_\_\_\_

**PHOTO/VIDEO/AUDIO RELEASE FORM**

**I/We, the parent(s)/guardian(s) of this youth, named above, authorize and give full consent, without limitation or reservation, to Holy Rosary Congregation to publish any photograph or video in which the above-named student appears while participating in any program associated with the Religious Education program. There will be no compensation for use of any photograph or video at the time of publication or in the future.**

Parent's signature: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Already made

Baptism NO\_\_\_ Yes\_\_\_ Church of Baptism \_\_\_\_\_

Confession NO\_\_\_ Yes\_\_\_

Holy Communion NO\_\_\_ Yes\_\_\_

Special needs: Learning/Physical Disabilities: \_\_\_\_\_

**PHOTO/VIDEO/AUDIO RELEASE FORM**

**I/We, the parent(s)/guardian(s) of this youth, named above, authorize and give full consent, without limitation or reservation, to Holy Rosary Congregation to publish any photograph or video in which the above-named student appears while participating in any program associated with the Religious Education program. There will be no compensation for use of any photograph or video at the time of publication or in the future.**

Parent's signature: \_\_\_\_\_