

**CHRISTIAN FORMATION  
REGISTRATION STATEMENT  
2007-2008**

Please return form by August 27, 2007

Parents Last Name:

Parents First Name:

Address:

City:

Zip:

Phone Number:

Registered Parish (circle one)

IC

SP

Email:

Sacrament: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Session: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Allergies/special needs: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Sacrament: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Session: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Allergies/special needs: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Sacrament: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Session: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Allergies/special needs: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Sacrament: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Session: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Allergies/special needs: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Sacrament: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Session: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Allergies/special needs: \_\_\_\_\_

**Please make any changes to the above if needed.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Total Amount Due:

Program level fees

SS: 3y-1            \$40  
 Grades 2-5:       \$55  
 Grades 6-11       \$68  
 Home school       \$25  
 \*1<sup>st</sup> grade has the option of Sunday  
 or Wednesday

\_\_\_\_ I am willing to faith lead. Grade \_\_\_\_\_ (full tuition waived)  
 \_\_\_\_ I am willing to be an aide. Grade \_\_\_\_\_ (1/2 tuition waived)  
 \_\_\_\_ I am willing to be a substitute faith leader.  
 \_\_\_\_ I am home faith leading my child(ren) (if not a sacrament  
 year) you would like to be contacted to receive a book.  
 \_\_\_\_ I choose not to send my child(ren) this year.  
 \_\_\_\_ My child(ren) will be attending St. Mary's School.  
 \_\_\_\_ Other: \_\_\_\_\_

**OTHER SIBLINGS NOT REGISTERED: (under age 18)**

Name	Date of Birth	Grade/Sept. 2007
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OFFICE USE ONLY**

Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date of Deposit: \_\_\_\_\_  
 \_\_\_\_\_ In Full  
 \_\_\_\_\_ Payment schedule preferred upon approval:      1/2 in August \_\_\_\_\_      1/2 in November \_\_\_\_\_