

**CATHOLIC FORMATION
REGISTRATION STATEMENT
2009-2010**

Please return form by September 4, 2009

Parent's Last Name:
First Name:

Address:

City: Zip: Home phone #: Cell phone #:

Registered Parish: IC or SP (circle one) Email:

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

Emergency Contact Information

Name: _____
Phone #: (____) _____ - _____

<u>Total Amount Due:</u>	<u>Program level fees</u> SS: 3y-K \$40 Grades 1-6: \$60 Grades 7-11 \$70 Home school \$30 *Kindergarten has the option of Sunday or Wednesday evening classes	<input type="checkbox"/> I am willing to be a catechist/ leader . Grade____(full tuition waived) <input type="checkbox"/> I am willing to be a catechist/ aide . Grade____(1/2 tuition waived) <input type="checkbox"/> I am willing to be a substitute . <input type="checkbox"/> I am home schooling . (CF Dept will be contacting you.) <input type="checkbox"/> I choose not to send my child(ren) this year. <input type="checkbox"/> My child(ren) will be attending St. Mary's School. <input type="checkbox"/> Other: _____
--------------------------	--	---

OTHER SIBLINGS NOT REGISTERED: (under age 18)

Name	Date of Birth	Grade/Sept. 2009
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

Amount \$ _____ Check # _____ Cash _____ Date of Deposit: _____
 _____ Paid in full
 _____ Payment schedule preferred upon approval: **50%** in September _____ **50%** in January _____