

Youth Faith Formation 2017-2018 Registration Form

Student's Legal Name: _____

Grade 2017/2018: _____ Child's First _____ Child's Middle _____ Child's Last _____

Nickname: _____

returning student or new student

Mailing Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Date of Birth: _____

Date of Baptism ____/____/____ Parish of Baptism _____ City/State/Zip _____

1st Communion ____/____/____ Parish of 1st Communion _____ City/State/Zip _____

Currently Registered Members of:

St. Anthony

St. Augustine

St. Dominic

Other _____

Confidential Medical Information and/or Special Needs (allergies, learning, etc.) _____

Check here if you would like to volunteer in your child's classroom

Parent's Full Names:

Mother's First _____ Mother's middle _____ Mother's Last _____ Mother's Maiden _____ Cell # _____

Father's First _____ Father's middle _____ Father's Last _____ Cell# _____

Student lives with: _____

(Specify names & relationship to student, i.e.: your names-mother & father, step-parent, etc.)

EMERGENCY Contact Information: In the event the parent or guardian cannot be reached.

Name _____ Relationship _____ Phone# _____

MEDICAL RELEASE: In the event that the undersigned cannot be reached and in the judgment the Director of Religious Education (DRE) or other person responsible for the program/group, or other appropriate staff member and there is a necessity for immediate examination and/or treatment of my child/children, I hereby authorize any of the aforesaid personnel to obtain such medical services as deemed necessary.

Parent Signature _____ **Date** _____

TUITION INFORMATION

Payment is due with Registration, however, if you cannot make payment at this time, we have payment options. If these options do not meet your family needs, please call your pastor or parish life coordinator and ask for assistance.

Amount	Description	Please make checks payable to "Cluster School of Religion"
\$60.00	<input type="checkbox"/> One Child	493 N 2 nd St.
\$100.00	<input type="checkbox"/> Two Children	Breeze, IL 62230
\$140.00	<input type="checkbox"/> Family (3 or more)	
\$50.00	<input type="checkbox"/> Out of Parish Fee (if you are not registered with St. Anthony, St. Augustine or St. Dominic)	
\$10.00	<input type="checkbox"/> 2 nd Grade Sacramental fee (prep-books, banners, rosaries, misc expenses)	
\$10.00	<input type="checkbox"/> 8 th Grade Sacramental fee (prep books, retreats, banners, misc expenses)	
\$10.00	<input type="checkbox"/> LATE FEE if not registered by July 1, 2017	

_____ **Total Amount Due** **Payment Enclosed \$** _____

Prefer 2, 3 or 4 payments of: \$ _____

For Office Use only	Please make checks payable to "Cluster School of Religion"	
Tuition Due: _____	Date Paid: _____	Baptismal Certificate received: _____
Tuition Paid: _____	Check #: _____	PDS: _____
Tuition Balance Due: _____		