

## Youth Faith Formation 2013-2014 Registration Form

**Student's Legal Name:** \_\_\_\_\_  
*First* *Middle* *Last*

Grade in 2013/2014: \_\_\_\_\_  returning student or  new student

Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Baptism (m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish of Baptism \_\_\_\_\_ City/State/Zip \_\_\_\_\_

1st Communion (m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish of 1st Communion \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

**Currently Registered Members of:**

St. Anthony

St. Augustine

St. Dominic

Other \_\_\_\_\_

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  
Father's First Father's middle Father's Last

Student lives with: \_\_\_\_\_  
 (Specify name & 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.

<u>Amount</u>	<u>Description</u>
\$60.00 _____	<input type="checkbox"/> One Child
\$100.00 _____	<input type="checkbox"/> Two Children
\$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 <sup>nd</sup> Grade Sacramental fee (prep-books, banners, rosaries, misc expenses)
\$10.00 _____	<input type="checkbox"/> 8 <sup>th</sup> Grade Sacramental fee (prep books, retreats, banners, misc expenses)
\$10.00 _____	<input type="checkbox"/> Late fees if not registered by May 31, 2013

\_\_\_\_\_ **Total Amount Due**                      **Payment Enclosed \$** \_\_\_\_\_  
**Prefer 2, 3 or 4 payments of: \$** \_\_\_\_\_

**Please make checks payable to "Cluster School of Religion"**

*For Office Use only*

Tuition Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Baptismal Certificate received: \_\_\_\_\_  
 Tuition Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ PDS: \_\_\_\_\_  
 Balance Due: \_\_\_\_\_