Youth Faith Formation 2018-2019 Registration Form

Mailing Address: City, State, Zip: Home Phone Number: Cell Phone Number: E-mail address: Date of Birth: Date of Baptism 1st Communion (2nd & 8th grade) *****If baptized other than at St. Dominic, St. Anthony PROVIDE a baptismal certificate. ******* 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 Student lives with:	City/State/Zip _City/State/Zip & St. Augustine, PLEASE
Mailing Address: City, State, Zip: Home Phone Number: Cell Phone Number: E-mail address: Date of Birth: Date of Baptism 1st Communion (2nd & 8th grade) *****If baptized other than at St. Dominic, St. Anthony PROVIDE a baptismal certificate. ******* 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 Father's First Father's middle Father's Student lives with:	Anthony Augustine Dominic eer City/State/Zip City/State/Zip & St. Augustine, PLEASE
Mailing Address:	Anthony Augustine Dominic ner City/State/Zip City/State/Zip & St. Augustine, PLEASE
City, State, Zip:	Augustine Dominic er City/State/Zip _City/State/Zip & St. Augustine, PLEASE
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1st Communion/Parish of 1st Communion	_City/State/Zip
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Parent's Full Names: Mother's First Mother's middle Mother's Father's First Father's middle Father's Student lives with:	s Last Mother's Maiden
Father's First Father's middle Father's Student lives with:	s Last Mother's Maiden
Student lives with:	
	Last
(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.	
NamePhone#	
MEDICAL RELEASE: In the event the undersigned cannot be reached and in the judgment of the Derson responsible for the program/group, or other appropriate staff member and there is a necessity formy child/children, I hereby authorize any of the aforesaid personnel to obtain such medical services as a Parent Signature	or immediate examination and/or treatment of
TUITION INFORMATION Payment is due with Registration, however, if you cannot make payment at this these options do not meet your family needs, please call your pastor or parish life of	is time, we have payment options. If
Amount Description Please make chec	eks pavahla ta
\$ 60.00 One Child "Cluster Schoo	cks payable to.
\$100.00	
Breese, Illin	nois 62230
\$140.00 Family (3 or more)	
\$ 50.00 Out of Parish Fee (if you are not registered with St. An	
**\$10.00 □ 2 nd Grade First Communion fee (prep-books, ban	
**\$10.00 8 th Grade Confirmation fee (prep-books, retreats	s, banners, misc. expenses)
* \$10.00 LATE FEE if not registered by July 1, 2018	
Total Amount Due Payment Enclosed \$ Prefer 2, 3 or 4 payment	
For Office Use only	
Tuition Due: Date Paid: Baptismal Certificate re	
Tuition Paid: Check #: PDS:	
Tuition Balance Due:	