

Youth Faith Formation 2019-2020 Registration Form

Student " FULL LEGAL " NAME: _____

First

Middle

Last

Grade going into for 2019/2020 School Year: _____

Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Numbers: _____

E-mail addresses: _____

(2nd & 8th grade Students) *** You MUST PROVIDE a baptismal certificate if you were baptized other than St. Dominic, St. Anthony & St. Augustine *******

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

Father's First

Father's middle

Father's Last

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 the undersigned cannot be reached and in the judgment of 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

\$ 60.00 _____ One Child

\$100.00 _____ Two Children

\$140.00 _____ Family (3 or more)

\$ 50.00 _____ Out of Parish Fee (if you are not registered with St. Anthony, St. Augustine or St. Dominic)

*****\$10.00 _____ **2nd GRADE FIRST COMMUNION FEE** (prep-books, banners, rosaries, misc. expenses)

*****\$10.00 _____ **8th GRADE CONFIRMATION FEE** (prep-books, retreats, banners, misc. expenses)

*** \$10.00 _____ **Late Fee if not registered by July 1, 2019**

_____ **Total Amount Due**

Payment Enclosed \$ _____

Please make checks payable to:

"Cluster School of Religion"

493 North Second Street

Breese, Illinois 62230

For Office Use only

Tuition Due: _____ Date Paid: _____ Baptismal Certificate received: _____

Tuition Paid: _____ Check #: _____ PDS: _____

Balance Due: _____

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