

School of Religion



Let the Children Come to Me

Transfiguration Parish
316 W. Mill Street
Wauconda, IL 60084
Phone (847) 526-6400 - Ext. 238 or 239
reled@transfigurationwauconda.com

REGISTRATION FORM 2020-2021

CHILD INFORMATION

Child Name 1: _____ Date of Birth: _____
Age ___ Gender ___ Academic Level ___ Birth Cert. ___ Baptism Date: ___ First Communion: ___
Child Name 2: _____ Date of Birth: _____
Age ___ Gender ___ Academic Level ___ Birth Cert. ___ Baptism Date: ___ First Communion: ___
Child Name 3: _____ Date of Birth: _____
Age ___ Gender ___ Academic Level ___ Birth Cert. ___ Baptism Date: ___ First Communion: ___
Child Name 4: _____ Date of Birth: _____
Age ___ Gender ___ Academic Level ___ Birth Cert. ___ Baptism Date: ___ First Communion: ___

PARENTS INFORMATION

Father's Legal Name: _____
Mother's Legal Name: _____ Maiden Name _____
Address: _____ City _____ State _____ Zip _____
Email: _____ Cell: (____) _____

Child lives with: ___Both Parents ___Father only ___Mother only Both parents have legal custody ___Yes ___No

PLEASE INDICATE below the class session you would prefer your child to attend. (First come first serve)

Table with 3 columns: WEDNESDAY 4:45 - 6:00 pm, SATURDAY 4:45 - 5:50 pm - Spa Only, SUNDAY 8:45 - 9:50 am. Rows include 1-8 Grade, Confirmation I-II 7-8:15 pm, and First Communion I-II.

For Office Use Only
2019-2020 Formation:
2019-2020 Class:
RCIA Child
Special Sacraments I II
First Communion: Prep I Prep II
Confirmation: Prep I II

PERMISSION: For RE purpose to use child name, photos, bulletin, emails, or Facebook: Yes ___ No ___

MEDICAL AND ALLERGIES INFORMATION OR SPECIAL NEEDS:

Does your child have any food allergies, contact allergies, asthma or other medical conditions Y / N
If yes, please explain: _____

Does your child have any physical or emotional problems, learning disabilities, hyperactivity, or other conditions we need to know about? Y / N If yes, please explain: _____

IN THE EVENT OF AN EMERGENCY, if we are unable to reach you, we should contact:

Name: _____ Relationship: _____
Cellular Number: (_____) _____ Email _____

TUITIONS & FEES

REGISTRATION FEE \$50 per child (non-refundable)

MATERIAL FEE \$50 per child (non-refundable)

PARISHIONER TUITION FEES: (contribution envelope) # _____

One child \$200 Two children \$400 Three children \$550

NON-PARISHIONER TUITION FEES:

The Religious Ed. program is supplemented by the parish, if you are not a contributing member, your tuition will be: One child \$250 Two children \$500 Three children \$750

To help me subsidize my payments, I will pay by selling _____ raffle tickets PER CHILD @ \$5.00/ticket for a raffle to be held mid-December. Parish will keep the amount of one ticket to build the raffle.
ALL MONEY WILL BE DUE DECEMBER 1, 2020.

<i>REGISTRATION, MATERIALS FEES MUST BE INCLUDED WITH THIS FORM</i>		Amount
<input type="checkbox"/> I can help as a catechist/aide waive one child tuition, pay only	Registration & Materials Fee	
	Tuition Fee per Child	
	Raffle Tickets	
	TOTAL DUE AT REGISTRATION	
	Pay in full - apply \$50 discount	
	PAYMENT	
	BALANCE DUE	

I WILL PAY THE REST OF TUITION IN THREE INSTALLMENTS ON 9/15- 10/15- 11/15/2020

SET UP PAYMENT PLAN THROUGH GIVE CENTRAL OPTION: Debit/Credit Card – \$5.00 Service Fee.

Name on Card: _____ Card Number: _____

Exp. Date: _____ Cvv No. _____ Set Up a Payment Plan: <https://www.givecentral.org/location/86/event/1672>

Parent Signature _____ Date _____