FOR OFFICE USE ONLY

Verified Sacraments FEES:
____Baptism Tuition_____
____Comm/Rec. Materials_____
____Catechist Registration_____
Prior Balance_____
Discount for payment in full_____
Final Amount Due_____

OFFICE USE ONLY
Payment Records

Pay type	Amt	Date	Balance
Pay type	Amt	Date	Balance
Pay type	Amt	Date	Balance

Today's Date_____ Parishioner # _____(please note you must be a parishioner to receive a parishioner rate)

Primary Family Name_____Secondary Family Name_____

Child(ren)'s Primary Address _____
(Street) (City) (State) (Zip)

Mother's Name _____Cell phone_____OK to receive texts Y/N (Circle one)

Mother's Marital Status_____ Mother's Religion_____Secondary phone, if any_____

Mother's Email address_____

Father's Name_____Cell phone_____OK to receive texts Y/N (Circle one)

Father's Marital Status_____ Father's Religion_____Secondary phone, if any_____

Father's Email Address_____

Child(ren) lives with ____Both parents ____Mother only _____Father only _____If separated, both parents have legal custody

CHILDREN'S INFORMATION

Last Name	First Name	Baptized?*	Male/Female	Grade '26-27	Date of Birth	Class Level (see below)

RELIGIOUS EDUCATION SESSION IN ENGLISH IS HELD ON WEDNESDAYS 6:15-7:30PM: Communion and Confirmation are 2-year programs. Please indicate: PRE-COMMUNION (Year 1), COMMUNION (Year 2), BRIDGE (between Communion and Confirmation), PRE-CONFIRMATION (Year 1), CONFIRMATION (Year 2). Children who are Confirmation age (7th grade+) but have not received the Sacraments of Holy Eucharist or Reconciliation will require additional books at an additional fee. *Baptismal certificates must be provided before being placed in a classroom.

OVER

Emergency Contact: If we are unable to reach you, please contact the following person:

Name:_____Relationship:_____

Complete address:_____Phone #:_____

Permissions: Please circle Yes or No

If we cannot reach you or your emergency contact, after a reasonable effort has been made, and in the judgment of parish authorities, immediate medical &/or hospital attention is indicated, do you authorize to send your child to an available hospital? **Yes/No**

Does your child(ren) have any food allergies, contact allergies, asthma or other medical conditions? **Yes/No**

If yes, explain:_____

Does your child(ren) have an IP at school? **Yes/No** If yes, please attach an explanation on a separate sheet.

Does your child(ren) have physical, emotional, hyperactivity, or learning disabilities? Yes/No If yes, please attach explanation on a separate sheet.

TUITION & FEES ARE PER YEAR

Registration Fee: $50.00 per family Books & Materials Fee: $50.00 per child

Parishioner Tuition Fees: 1 Child, $200.00 2 Children $350.00 3 Children or more $550.00

Non-Parishioner Tuition Fees: **$300.00/child** plus Registration & Books/Materials Fees.

***REG/MATERIALS FEES MUST BE PAID BEFORE STUDENTS ARE PLACED IN CLASS**	Fees
*Registration Fee ($50.00 per family)	$50.00
*Books & Materials Fee ($50.00 per child)	$
Tuition Fees (See fees above)	$
Total	$
Discount for catechist/aide—waive one child tuition only	$
Discount of $50.00 if paid in full before classes begin	$
Payment	$
Balance	$

If there is a balance due, I understand that I am responsible to pay the remainder in two payments due on 9/15/2026 & 10/15/2026.

Parent or Guardian's Signature_____Date_____

(Please note, signature is required before students are placed in a class)