OFFICE USE ONLY	Date Received	Registration #
Name	Amount \$	Check #

RELIGIOUS EDUCATION / CONFIRMATION REGISTRATION

Family Last Name				
Father (First Name)				
Mother (First name a	and Maiden Nam	.e)		
Address:				
Phone Numbers:	Father's Cell (Mother's Cell (
E-mail Address:				
Student(s) live(s) wi	th: Parents	Father	Mother	Other
Emergency Co	ontact: In case of an er	nergency, we mag	y need to contact a t	hird party.
Name:		Phone I	Number: ()	
TUITION	<u>Tuition a</u>	nd Fee Pay \$	ment	
FEES		\$		I
DISCOUNTS		(\$		
TOTAL		\$		
Payment can be (6) or ten (10) m Payment Author completed by Ma	onth increment rization form	s via a cred	dit card throu	
Please note: It is religious education case, please conta	n due to genui	ine financial	difficulty. Sh	

Tuition Schedule 2023

Registration prior to 7/1/23:

One student - \$200.00 per year

Two students - \$360.00 per year

Three or more students - \$440.00 per year

Registration 7/1 and beyond:

One student - \$220.00 per year

Two students - \$380.00 per year

Three or more students - \$460.00 per year

Fee Schedule 2023

Year Two and Genesis II

Sacramental fee (Reconciliation and Communion) – \$40.00

Confirmation I

Workbook fee - \$20.00

Retreat fee - \$30.00

\$50.00

Confirmation II

Retreat fee - \$30.00

Sacramental fee (Confirmation) \$50.00

\$80.00

Discounts

Payment in full by 6/30/23 \$25.00

Catechist Discount (50% of tuition only)

STUDENT INFORMATION

$\frac{\text{WE MUST HAVE A COPY OF EACH STUDENT'S BAPTISMAL CERTIFICATE ON}}{\text{FILE.}}$

Please use a star (*) to indicate which is most important: Day, Time or Catechist (teacher)

STUDENT:	Birth date	Sex: M	F
STUDENT: Attended RE last year: Yes No	Bireir date:	_ 0011. 111	-
Grade in Fall: School			
Sacraments celebrated: (Please check) F		Communion	_
Health/Allergy Problems:	110001111111111111111111111111111		
Preferred Dav: Time:	Catechist:		_
Health/Allergy Problems: Preferred Day: Time: _ (CLASS AVAILA	BILITY IS NOT GUARANT	ГЕЕD)	_
			_
STUDENT: Attended RE last year: Yes No	Birth date:	_ Sex: M	F
Grade in Fall: School School	D '1' '		_
Sacraments celebrated: (Please check) E Health/Allergy Problems:	Saptism Reconciliation	Communion _	
Health/Allergy Problems: Preferred Day: Time: _	Catechist:		
(CLASS AVAILA	BILITY IS NOT GUARANT	ΓEED)	_
STUDENT:	Birth date:	Sex: M	F
Attended RE last year: Yes No		_	
Grade in Fall: School Sacraments celebrated: (Please check) F	Baptism Reconciliation	Communion	
Health/Allergy Problems:			
Health/Allergy Problems: Time:	Catechist:		_
(CLASS AVAILA	BILITY IS NOT GUARANT	ГЕЕD)	
STUDENT:	Birth date:	_ Sex: M	F
Attended RE last year: Yes No			
Grade in Fall: School			
Sacraments celebrated: (Please check) E	Baptism Reconciliation	Communion _	
Health/Allergy Problems: Preferred Day: Time: _			_
Preferred Day: Time: _	Catechist:		
(CLASS AVAILA	BILITY IS NOT GUARAN	ΓEED)	