<u>Assumption B.V.M., St. Stanislaus & St. Casimir (Gr. 9-12) Faith Formation</u> <u>2019-2020 Family Registration Form</u>

| Family Last Name | | Date | | | |
|---|------------------|-------------------|---|--|--------------------------------------|
| Father's Name | | | Mother's Name | | |
| Address | | | | aiden Name | |
| CityZip | | | City | Z | ip |
| Cell Number | | | Cell Numbe | er | |
| Night Telephone | | Night Telephone | | | |
| E-mail address Parish you financially suppor | t and are a | registere | _ E-mail addi | ress | |
| Person to contact if unable to | ents | Telephone | | | |
| Non-Custodial parent who de | sires info | mation a | bout program: Telephon | e | |
| Address | | | Zip | | |
| CHILDREN ATTENDING | RELIGIO | N EDUCA | ATION PROGRAM D | URING THE 2019-2 | 020 SCHOOL YEAR |
| Child's First and Last Name | Date of Birth | Grade In 2019- | Sacrament information is to be filled out for student Grades 1, 2, & 3(if not received at ABVM) | | |
| | | 2020 | Please indicate the date Baptism | and parish where the s Reconciliation | acrament was received. 1" Eucharist |
| | | | | | |
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| ****** | **** | **** | **** | ***** | **** |
| (FOR OFFICE USE ONLY | Y) | · | | | ****** E: |
| (FOR OFFICE USE ONLY TOTAL AMOUNT DUE:_ | ·) | | TOTA PAID: | L AMOUNT DU | E: |
| (FOR OFFICE USE ONLY | () IPT# | | TOTA PAID: CHEC | L AMOUNT DU | |

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Assumption B.V.M., St. Stanislaus & St. Casimir Faith Formation 109 East Pulaski Street Pulaski, WI 54162

www.abvmcast.org/abvm 822-5650

REGISTRATION: Registration forms must be filled out, signed and sent to the Religious Education Office. Please fill out one family registration form per family (on the back of this letter).

TUITION RATE FOR 2019-2020: \$85 per student in Grade 1 through 11 for parish members **\$150 per student for non registered St. Stanislaus, St. Casimir & Assumption BVM families

Additional sacramental fee:

\$75 Grade 12 Confirmation fee only

\$60 Grade 11 retreat fee

\$30 Grade 2 Reconciliation fee

\$30 Grade 3 Communion fee

Maximum \$325/family for registered Assumption BVM,

St. Casimir & St. Stanislaus members

PAYMENT PLAN: All payments are due in full on or before October 1, 2019. \$30.00 per student will be added to all outstanding payments after October 1, 2019.

If payments cannot be met by the above deadlines, please contact Deanne Wilinski at 822-5650 or the Pastor at 822-3279 with questions or concerns.

If you are teaching, your children's tuition rate is waived. You will be responsible for their Sacrament fee(s).

PARENT COMMITMENT: I understand that I am responsible for payment of charges for participation in the Religious Education Program. Signed _____ Date_

| You have the right to audio recordings, web | ACCEPT OR OBJECT to the use of your child(ren's) name, picture, voice in productions, postings or still photographs for the church bulletin or newspaper media. |
|---|---|
| I | do hereby ACCEPT. |
| I | do hereby OBJECT. |
| | |

CAN YOU HELP?

| reas where help is needed: | Teach a class (Gr. 1-6 | 5)Small group leader (Gr. 7-12) |
|---------------------------------|-----------------------------|--|
| | _ · · · | Confirmation small group leader ricipate in our parish fundraisers. ike someone to call you about. |
| Pa | arish Auction (April)l | Polka Days Food Stand (July)Rummage Sale(Feb |
| oes your child have any physica | l health behavioral or educ | eational needs or impairments? Please describe |

Also, please list all medications your child is currently taking on a regular basis.