

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 2018-2019: \$80 per student in **Grade 1 through 11** for parish members
**\$125 per student for non registered St. Stanislaus, St. Casimir & Assumption BVM families

Additional sacramental fee:

\$70 **Grade 12 Confirmation fee only**

\$55 Grade 11 retreat fee

\$25 Grade 2 Reconciliation fee

\$25 Grade 3 Communion fee

Maximum \$295/family for registered Assumption BVM,
St. Casimir & St. Stanislaus members

PAYMENT PLAN: **All payments are due in full on or before October 1, 2018.**
\$25.00 per student will be added to all outstanding payments
after October 1, 2018.

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 **ACCEPT OR OBJECT** to the use of your child(ren's) name, picture, voice in productions, audio recordings, web postings or still photographs for the church bulletin or newspaper media.

I _____ do hereby **ACCEPT**.

I _____ do hereby **OBJECT**.

CAN YOU HELP?

Areas where help is needed: _____ **Teach a class (Gr. 1-6)** _____ **Small group leader (Gr. 7-12)**

_____ **Assist with retreats** _____ **Office helper** _____ **Confirmation small group leader**

You are strongly encouraged to participate in our parish fundraisers.

Please check one you would like someone to call you about.

_____ **Parish Auction (April)** _____ **Polka Days Food Stand (July)**

Does your child have any physical, health, behavioral or educational needs or impairments? Please describe. Also, please list all medications your child is currently taking on a regular basis.

**Assumption B.V.M., St. Stanislaus & St. Casimir (Gr. 9-12) Faith Formation
2018-2019 Family Registration Form**

Family Last Name _____ Date _____

Father's Name _____

Mother's Name _____

Address _____

Mother's Maiden Name _____

Address _____

City _____ Zip _____

City _____ Zip _____

Cell Number _____

Cell Number _____

Night Telephone _____

Night Telephone _____

E-mail address _____

E-mail address _____

Parish you financially support and are a registered member of _____

Person to contact if unable to reach parents _____ Telephone _____

Non-Custodial parent who desires information about program:

Name _____ Telephone _____

Address _____ Zip _____

CHILDREN ATTENDING RELIGION EDUCATION PROGRAM DURING THE 2018-2019 SCHOOL YEAR

Child's First and Last Name	Date of Birth	Grade In 2018-2019	Sacrament information is to be filled out for student Grades 1, 2, & 3(if not received at ABVM) Please indicate the date and parish where the sacrament was received.		
			Baptism	Reconciliation	1 st Eucharist

(FOR OFFICE USE ONLY)

TOTAL AMOUNT DUE: _____

PAID: _____

CHECK# _____ **RECEIPT#** _____

BALANCE DUE _____

TOTAL AMOUNT DUE: _____

PAID: _____

CHECK# _____ **RECEIPT#** _____

BALANCE DUE _____

OVER