

**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.

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**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 <sup>st</sup> Eucharist

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**(FOR OFFICE USE ONLY)**

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**PAID:** \_\_\_\_\_

**CHECK#** \_\_\_\_\_ **RECEIPT#** \_\_\_\_\_

**BALANCE DUE** \_\_\_\_\_

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**PAID:** \_\_\_\_\_

**CHECK#** \_\_\_\_\_ **RECEIPT#** \_\_\_\_\_

**BALANCE DUE** \_\_\_\_\_

**OVER**