

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 2017-2018: \$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, 2017.**
\$25.00 per student will be added to all outstanding payments
after October 1, 2017.

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) _____ Parish Produce Wagon (July-October)

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
2017-2018 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 2017-2018 SCHOOL YEAR

Child's First and Last Name	Date of Birth	Grade In 2017-2018	Sacrament information is to be filled out for student Grades 1, 2, & 3		
			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