

Assumption B.V.M., St. Stanislaus & St. Casimir Faith Formation
109 East Pulaski Street Pulaski, WI 54162
www.abvmcast.org
920-822-5650

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 2024-2025: \$95 per student in **Grade 1 through 11** for parish members
**\$200 per student for non- registered St. Stanislaus, St. Casimir & Assumption BVM families.
For the 2024-2025 fiscal year, a minimum of \$200 in parish support is recommended to qualify for a parish-member faith formation registration rate.

Additional sacramental fee:
\$80 **Grade 12 Confirmation fee only**
\$70 Grade 11 retreat fee
\$30 Grade 2 Reconciliation fee
\$35 Grade 3 Communion fee

If payments cannot be met by the above deadlines, please contact Deanne Wilinski at 920-822-5650 or the Pastor at 920-822-3279 with questions or concerns. No student will be denied participation in the program due to financial difficulties.

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

PAYMENT PLAN: **All payments are due in full on or before June 25, 2024.**
\$30.00 per student will be added to all outstanding payments
after June 25, 2024

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) _____ Assist Catechists (Gr. 7-12)

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

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 (Gr.1-12) Faith Formation
2024-2025 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 _____

Other Number _____ Other Number _____

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 2024-2025 SCHOOL YEAR

Child's First and Last Name	Date of Birth	Grade In 2024-2025	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