

**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: (with late fee)** \$125 per student in **Grade 1 through 11** for parish members

\*\*\$230 (includes late fee) 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:  
**(with late fee)** \$110 **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)** \_\_\_\_\_ **Small group leader (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 <sup>st</sup> Eucharist

\*\*\*\*\*

**(FOR OFFICE USE ONLY)**

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

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

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

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

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

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

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

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

**OVER**