

RELIGIOUS EDUCATION 2017 – 2018 REGISTRATION FORM

Holy Family Parish

HF K3 - 8th grade meet from 9:10 – 10:15 at Holy Family Parish School

Starting Sunday September 10 at 9:00 with an Open House in HF School Cafeteria

To register complete this form & the volunteer form completely - Do the following:

1. Choose your Payment option:
 - Early Payment Option 1:** \$20 per child savings (up to \$60) when registered by August 11th 2017
 - Payment Option 2:** Take advantage of early payment - pay 50% now & balance by Nov. 1st
 - Payment Option 3:** Make Payment after August 12th 2017 and the full payment is due with registration
2. Return forms along with payment in an envelope marked Religious Ed. Holy Family Parish office, in the collection basket at any of the parish Masses or mailing to:

**Holy Family Religious Education Office
4849 N. Wildwood, Whitefish Bay, WI 53217**

TUITION	Number of children		FEES	=	TOTAL
Early Per Child Tuition received by August 11 th 2017 (4 th + Child is Free)		X	\$170.00	=	
Per Child Tuition received after August 11 th 2017 (4 th + Child is Free)* Family max \$570		X	\$190.00	=	
Tuition Total					\$
First Reconciliation Book Fee (Students preparing for Reconciliation - 2 nd grade)		X	\$25.00	=	
First Eucharist Book Fee (Students preparing for Eucharist - 2 nd grade)		X	\$25.00	=	
Tuition + Sacramental book fee = Family Total					\$
Early registration deposit of 50% Option 2					- \$
Total Due by November 1					\$

FAMILY'S LAST NAME: _____

_____ We are registered parishioners of _____ Parish
(Name of Parish where you are registered)

_____ We are NOT registered at ANY Parish ***Note – If your child is receiving a sacrament the archdiocese requires you to be a registered parish member.**

_____ (Please print clearly)

E-mail Address where you would like to receive weekly reminders

Family Address where information should be sent _____ City _____ Zip _____

Father/Guardian Last Name _____ **First** _____ **Business/ Cell Phone** _____
 () _____

 Father/Guardian Address (If different than above) _____ City _____ Zip _____ **Home Phone** _____
 () _____

Mother/Guardian Last Name _____ **First** _____ **Business/ Cell Phone** _____
 () _____

 Mother/Guardian Address (If different than above) _____ City _____ Zip _____ **Home Phone** _____

*The maximum \$570 Fee is combined for ALL Christin Formation K-12 (excluding sacramental fees) No child will be denied Religious Education because of the family's financial circumstances. If you need to make special arrangements, please contact: The Religious Ed. Office 332-8156 x231

STUDENT INFORMATION

New Students: Complete #1 through #8 Returning Students need only to complete # 1-5

(#1)	(#2)	(#3)	(#4)	(#5)	(#6)	(#7)	(#8)
Name of Students	Sex	2017/ 2018 Grade	Date of Birth	School Attending	Received First Eucharist	Received Reconciliation	Baptism Yes /No (Date & Parish)

My child has the following allergies, health considerations, or special educational needs. If your child needs special accommodations in the classroom, please indicate that below so we can plan accordingly. Be specific.

OPPORTUNITIES TO SHARE YOUR FAITH

(Training and materials are provided)

I am interested in volunteering for the 2017-18 school year as a:

- ____ Catechist /Co-Catechist - Grade Level(s): _____
- ____ Catechist Aide – Grade Level(s): _____
- ____ Substitute Catechist – Grade Level (s): _____
- ____ I need more information, please contact me

Our Catechists are *much* appreciated and as a “thank you” for your ministry, catechists and Co-Catechist can opt to have their tuition waived. Aides can opt to pay ½ the regular tuition

Photo Release Consent – please check Yes or No and Sign

Yes – I consent to the use by Holy Family and/or St. Robert Parish of any Videotape, photograph, slide, audiotape, parish web site or any other audio reproduction in which my child/children or I may appear. I release the staff, volunteers, etc. of Holy Family and/or St. Robert Parish from any liability connected with the use of my child's/children's picture or voice recording as part of the activities held at Holy Family and/or St. Robert Parish during the 2017-2018 school year.

NO- I do not consent to the use of my child's/children' pictures or audio reproduction by Holy Family and / or St. Robert Parish

(Please Print Your Name)

(Signature)

(Date)

FOR INTERNAL OFFICE USE ONLY

NEW FAMILY ____ YES ____ NO ____ Returning Family # of Children Registered _____

TUITION _____ CATECHIST YES / NO CATEHCIST AIDE - YES / NO

SACRAMENTAL FEE _____ Volunteer Form YES / NO

TOTAL DUE _____

AMOUNT PAID _____ CASH ____ CHECK# _____ DATE PD _____

BALANCE DUE 11/1/ 2018 _____ Balance Paid on _____ Amount _____ Check # / Cash _____

REGISTERED BY _____ DATE _____ email updated _____

5/2/2017