

St. Joseph, St. Kilian and St. Thomas the Apostle Parishes

2016-2017 Faith Formation Registration Fee

Tuition: \$50 + sacramental fee (grades 2 & 11) per student

Bibletime: \$50 per family

Family Name: _____

Number of children in Grades 1 - 11 _____ x \$50.00 = _____ (max \$150/family)

2nd Grade (1st Communion & 1st Reconciliation) + _____ \$30.00

11th Grade (Confirmation) + _____ \$50.00

BibleTime (ages 3-5) + _____ \$50.00/family

= _____ **Total Due**

No child is refused education due to financial difficulties. I would like to receive financial assistance donated directly to my parish for my child /ren's education through the parish sponsorship program:
(check box if needed)

I am willing to give of my time and talent as a **volunteer**: (check box)

Additional gift: Considering the tuition fee is less than 1/3 of the total cost to my parish to educate my child /ren, I wish to make a tax-deductible donation of \$ _____ .

ATTENTION: PAYMENT METHOD

St. Joseph Parishioners:

If your child/ ren are in grades Pre-K - 8 Please write your check to St. Joseph Parish

If your child/ ren are in High School Please write your check to St. Thomas the Apostle

***** ATTN: If you have children in both programs you will need to submit 2 checks, one to each parish with the appropriate fee.**

St. Thomas/Kilian Parishioners:

If your child/ ren are in grades Pre-K – 11..... Please write your check to St. Thomas the Apostle

For registration purposes this is the easiest way to make sure the tuition fee gets to the correct program. Thank you for your cooperation in this matter. If you have any questions or concerns, please call Vicki at the Parish office at 845-5180 or 863-6113.

Submit registration, fee form and payment to: St. Thomas / St. Kilian / St. Joseph Parish Office
5930 Humboldt Rd, Luxemburg, WI 54217
Attn: Faith Formation Reg. Forms

2016-2017 Faith Formation Registration

_____ **Last Name of Family**

Home Parish _____

(If you are attending the grade school program at a site different than your home parish, please indicate: _____)

Student Name (First & Last)	Date of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Main Contact Information

Mother's Name _____ Cell/Work# _____ Email _____

Father's Name _____ Cell/Work# _____ Email _____

Home Phone _____

Address _____

Address #2 _____

Emergency Contact Information

If an emergency arises during class, such as illness or an accident, who should we contact.

1st Choice _____ Phone: _____

2nd Choice _____ Phone: _____

Special Concerns

If there are any known concerns that would benefit the learning environment, please list them below.

Allergies or dietary restrictions YES / NO _____

Learning disabilities and / or behavioral issues YES / NO _____

In Case of Cancellation:

If a Faith Formation session is cancelled with insufficient time to alert your child's school.

Who Should We Contact: _____ Daytime Phone: _____

Email: _____ Evening Phone: _____

****If any of the above information changes at any time during the year, please call to let your coordinator/ teacher know. Thank you!**