

**St. Joseph Faith Formation
2017-2018 Registration Fee Form
Bible Time to 8th Grade**

Family Name: _____

Number of children in Grades 1 - 8 _____ x \$50.00 = _____ (max \$150/family)

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

Bible Time (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

Please write your check to St. Joseph Parish

Submit fee form, registration form, and payment to:

St. Joseph Parish
Attn: Faith Formation
5996 County Road K
New Franken, WI 54229

This form should only be used for students attending St. Joseph's Bible Time through 8th grade faith formation. If you have questions about the Bible Time through 8th grade program you can contact Lisa Laurent at 866-9961 or st.josephcre@gmail.com. If you have children in the high school program, you will need to complete the high school forms and submit a separate check to St. Thomas. Contact Karley Prue with questions about the high school program at 863-6113 or 845-5180 or ministry4kjtyouth@gmail.com.

St. Joseph Faith Formation (Bible Time to 8th Grade) 2017-2018 Registration Form

_____ Last Name of Family

Home Parish _____

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!**

Office Use Only

Check #/Cash _____ Check Date _____ Check/Cash Amount _____ Deposit Date _____