

St. Joseph Parish

2018-2019 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 - 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 concerns.

I would like to receive financial assistance donated directly to my parish for my children's education through the parish sponsorship program: (check box if needed)

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

ATTENTION: PAYMENT METHOD

St. Joseph Parishioners:

If your children are in High School Please write your check to St. Thomas the Apostle

St. Thomas/Kilian Parishioners:

If your children 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 Tony at the Parish office at 845-5180 or 863-6113.

Submit registration, fee form and payment to: St. Joseph Parish
5996 Cty Rd K
New Franken WI 54229

Attn: Faith Formation Reg. Forms

St. Joseph Parish

2018-2019 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____