

St. Mary of the Assumption Religious Education

Family Registration Form

2018-2019 School year

| | |
|---------------------------|---|
| Family Information | Last name _____ Father's Name _____ |
| | Mother's name _____ Street address _____ |
| | City/ Zip _____ Home phone _____ |
| | Mom cell/work _____ Dad cell/work _____ |
| | Email address _____ |
| | Children live with: <input type="checkbox"/> both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian; relation _____ |
| | If guardian, Name: _____ Phone: _____ |

Please enter information for each child you are enrolling in the Religious Education Program.

Families Registering New Students into the Religious Education Program: Include a copy of your child's baptismal certificate and other sacrament records (if applicable) with your registration form.

| | | | | | |
|----------------------------|-----------------------------|--------|----------|----------|----------------|
| Student Information | First Name | Gender | DOB | Grade in | Name of School |
| | (include last if different) | M/F | mm/dd/yy | 2018/19 | |
| | _____ | | | | |
| | _____ | | | | |
| | _____ | | | | |
| | _____ | | | | |
| | _____ | | | | |



By checking this box, you give permission for any photographs taken during class time, youth ministry activities, or retreats to be published on our website, local newspaper, bulletin, or posted on our bulletin board.



| | |
|---|---|
| Medical Concerns/ Emergency Contact Info | Child's name _____ Allergies/ special needs _____ |
| | _____ |
| | _____ |
| | _____ |
| | In case of medical emergency, I grant permission to the St. Mary of the Assumptions staff and volunteers to administer first aid and to secure proper treatment for my child(ren) until I can be reached |
| | Parent/ Guardian signature _____ Date _____ |
| Emergency Contact Person if parents cannot be reached: Name _____ | |
| Relationship to child(ren) _____ Phone _____ | |

| | |
|-----------------------------|---|
| Non-custodial parent | Should mail go to the non-custodial parent? Yes / No <i>If yes, please provide the following:</i> |
| | Name _____ Street Address _____ |
| | City/Zip _____ Email _____ |
| | |

| | |
|-------------------------|--|
| Tuition and Fees | <p>**If you are interested in Financial Assistance, please call the RE Office 815-827-3205 ext. 3. Please understand that all aid is predicated on a regular, weekly Mass attendance. All requests will be kept in strict confidence.</p> <p>**Catechists will receive \$50 off their tuition bill <i>Refunds cannot be given after payment is submitted</i></p> <p>**Aides/Hall monitors will receive \$25 off their tuition bill</p> <p>If you would like to volunteer, please call the RE Office 815-827-3205 ext. 3. Thank you in advance!</p> |
| | Tuition Rates |
| | 1 student— \$125.00 2 students— \$250.00 3 or more students— \$350.00 |
| | Sacramental fee — \$50.00 <i>(for students preparing for First Communion or Confirmation this year)</i> |
| | TOTAL AMOUNT DUE \$ _____ |
| | Method of payment |
| | \$ _____ amount paid _____ Cash |
| | _____ Check # _____ (make checks payable to St. Mary Maple Park) |
| | _____ Online giving go to www.stmarymaplepark.org , click "Online giving." Select the "Religious Education Tuition" fund. You may pay in full monthly basis. 8 monthly payments have the following breakdown: |
| | 1 student: \$15.63/month 2 students: 31.25/month 3 + students: \$43.75/month <i>(these figures do not include sacramental fees).</i> |