St. Francis Xavier Religious Education Program
NEW REGISTRATION 2018 - 2019

Please complete in full the following forms **for each child** you are registering:

1. An Individual Permanent Record Form (both sides)
2. A Medical/Emergency Information Form
3. A copy of each child's Baptismal Certificate **(REQUIRED)**

**The above must be returned along with this Registration Form, Tuition Payment
and a completed Volunteer Sign Up Form** (included in this packet)**.
This registration packet can be returned by mail,
or you may drop it off at either the rectory or the Religious Ed office.**

Family Name: _____

Child's First Name: _____ **Grade (18/19):** _____ **Day School Name:** _____

Child's First Name: _____ **Grade (18/19):** _____ **Day School Name:** _____

*PLEASE CIRCLE the name of your child(ren) which may need special assistance/needs in the classroom
and indicate the need on the back of this form.*

PLEASE INDICATE YOUR SESSION PREFERENCE
(in order of preference: 1, 2, 3)

____Sunday, 9:00 -10:15 a.m.   ____Wed., 4:00-5:15 p.m   ___Wed., 6:15-7:30 p.m.
      (Kdg - Grade 8)   **(Kdg- Grade 8)**   **(Grades 1 - 8)**

*** Classes will be filled on a first-come, first-served basis. ***
Submitting your registration early increases your chance of getting into your preferred session.

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TUITION FEES:		**After May 31, 2018**		**SACRAMENTAL FEES:**	
(circle one)				(circle if applies)	
1 Child	**$ 230.00**	**1 Child**	**$280.00**	**Gr. 2**	**$ 65.00**
2 Children	**$ 300.00** +	**2 Children**	**$350.00** +	**Gr. 4**	**$ 40.00**
Family Plan	**$ 350.00**	**Family Plan**	**$400.00**	**Gr. 6** (Bible)	**$ 20.00**

Tuition $_____ (plus if applicable) Sacramental Fees $_____ = TOTAL $ _____

**Payment enclosed: $_____   (circle one)   Deposit   Full Payment
(Please make checks payable to St. Francis Xavier Religious Education)**

Signature of Parent/Guardian:_____

Address:_____City/Zip_____

Home Phone:(   )_____ Cell Phone: (   )_____

I prefer to be contacted at the following phone number: (   )_____
(This number will be used for any emergency & school closing through School Reach Contacts along with your home number)

****E-Mail Address:_____****

For office use only:	**Amount Received**	**Check No.**	**Date Received**	**Volunteer Form**