

**St. Francis Xavier Religious Education Program
NEW REGISTRATION 2019 - 2020**

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 (19/20):** _____ **Day School Name:** _____

Child's First Name: _____ **Grade (19/20):** _____ **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.
(Kdg - Grade 8)

____ Wed. 4:00-5:15 p.m.
(Kdg- Grade 8)

____ Wed. 6:15-7:30 p.m.
(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.

TUITION FEES:

(circle one)

1 Child \$ 240.00
2 Children \$ 310.00
Family Plan \$ 360.00

After May 31, 2019

1 Child \$290.00
2 Children \$360.00
Family Plan \$410.00

SACRAMENTAL FEES:

(circle if applies)

Gr. 2 \$ 65.00
Gr. 4 \$ 40.00
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