2019-2020 Registration for Returning Students
Please indicate each child <u>presently enrolled</u> in the S.F.X. Religious Ed Program
and who will be <u>returning</u> for the next school year:

<u>Family Last Name:</u> _____

Returning Child's First Name: _____ **Grade (2019/2020):** _____ **Day School Name:** _____

Returning Child's First Name: _____ **Grade (2019/2020):** _____ **Day School Name:** _____

Returning Child's First Name: _____ **Grade (2019/2020):** _____ **Day School Name:** _____

Returning Child's First Name: _____ **Grade (2019/2020):** _____ **Day School Name:** _____

<u>PLEASE CIRCLE</u> 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.

** <u>Children Entering Program For First Time:</u> ** (if applicable)

New Child's First Name: _____ **Grade (2019/2020):** ___ **Day School Name:** _____

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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<u>TUITION FEES:</u>		<u>After May 31, 2019</u>		<u>SACRAMENTAL FEES:</u>	
(circle one)				(circle if applies)	
1 Child	**$ 240.00**	**1 Child**	**$290.00**	**Gr. 2**	**$ 65.00**
2 Children	**$ 310.00** **+**	**2 Children**	**$360.00** **+**	**Gr. 4**	**$ 40.00**
Family Plan	**$ 360.00**	**Family Plan**	**$410.00**	**Gr. 6** (Bible)	**$ 20.00**

Tuition $_____ (<u>plus if applicable</u>) Sacramental Fees $_____ = TOTAL $ _____

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

Signature of Parent/Guardian: _____

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

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

THIS REGISTRATION FORM MUST BE RETURNED NO LATER THAN
April 10, 2019

<u>You can return it by mail, or drop it off at either the rectory or Rel. Ed. office</u>

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