



ST. ELIZABETH ANN SETON
— CATHOLIC PARISH —

Faith Formation Weekly Sessions
Registration Form
2017-2018

FAMILY NAME: _____ HOME PHONE NO: _____

ADDRESS: _____ ZIP: _____

FATHER/GUARDIAN'S NAME: _____

Email: _____ Cell Phone: _____

MOTHER/GUARDIAN'S MAIDEN NAME: _____
(MAIDEN NAME) (FIRST)

Email: _____ Cell Phone: _____

INFORMATION SHOULD BE SENT TO: Father Mother Both Other: _____

List Date and Place for the Sacraments Below:

Child's full name	Male or Female	Grade	Date of Birth	Baptism	First Eucharist	First Reconciliation

School(s) your child(ren) attend: _____

Emergency contact: _____ Phone: _____

If emergency treatment is required, and the parents/guardians cannot be reached immediately, your signature in the space provided below empowers parish authorities to exercise their own judgment to transport your child to a hospital emergency room. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent's signature: _____ Date: _____

St. Elizabeth Ann Seton Parish, 2771 Oakwood Dr. Green Bay, WI 54304
Faith Formation Coordinator Grades: Carrie Lundy (920) 499-1546 x110 clundy@seasgb.org
Evangelization Coordinator: Kate Ruth (920) 499-1546 x111 kruth@seasgb.org

Do/does your child(ren) have any learning, physical or developmental challenges? If so, please list specific information about those special needs.

Name(s): _____

Nature of disability: _____

Name of any children who have allergies AND type of allergy:

Name: _____ Type: _____

Name of any children who are on medication AND type of medication:

Name: _____ Type: _____

* * * * *

Please "X" the area(s) if your family would like to volunteer to help the Faith Formation Program:

_____ Catechist or Teacher Aide in Grade _____

_____ Confirmation Catechist

_____ Substitute Teacher

_____ Door Monitor (Welcome parents and students and provide direction to different classrooms and activities)

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ST. ELIZABETH ANN SETON FAITH FORMATION TUITION PAYMENT PLAN BEFORE AUGUST 23, 2017

One Student - \$85.00 Two Students - \$160.00 Three students - \$235.00 Four (or more) students - \$310.00

ST. ELIZABETH ANN SETON FAITH FORMATION TUITION PAYMENT PLAN AFTER AUGUST 23, 2017

One Student - \$110.00 Two Students - \$185.00 Three students - \$260.00 Four (or more) students - \$335.00

2nd Grade students will be charged an additional \$60.00 sacrament fee

Confirmation Students will be charged an additional \$60.00 sacrament fee

Please make your check or money order payable to **St. Elizabeth Ann Seton Parish** and mail to 2771 Oakwood Dr., Green Bay, WI 54304. Tuition payments may be made in several ways. Please indicate your choice below. Please see following form if you would like to pay using a Debit/Credit Card or Faith Direct.

_____ Full Tuition payment due at registration \$ _____

_____ First Half Tuition payment due at registration \$ _____

*****Second Half Tuition Payment due January 3, 2018*****

_____ Full Tuition payment via Faith Direct \$ _____

If any of these fees create a financial burden, please contact Carrie Lundy or Kate Ruth at (920) 499-1546. No one shall be denied a Catholic Christian Education based solely on his/her ability to pay tuition. **All children must be registered PRIOR to attending classes. Thank you!**

Parent Signature: _____ Date: _____

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Debit/Credit Card or Faith Direct Payment Options

Faith Direct: Many of our parishioners already are using Faith Direct regularly, and we want you to have the option to use this for your registration fee for Faith Formation. When you log in to Faith Direct, select One Time Gift, insert payment amount, and type "Faith Formation Registration" in the note field. If you are not already enrolled in Faith Direct and would like more information visit <http://www.faithdirect.net> or call the Parish Office.

Charge to my Credit or Debit Card (one-time charge for total amount)

Please Charge to the following credit/debit card.
(This page will be shredded payment has been processed.)

My card type is: Visa Master Card Discover Card

Card Number: _____

Card Expiration Date: _____

CVV# (on back of card): _____

Name on Card: _____

Address: _____ Zip: _____

Phone Number: _____

Dollar Amount: _____

Signature: _____