

Faith Formation Weekly Sessions

Registration Form 2017-2018

FAMILY NAME:		HOME PHONE NO:						
ADDRESS: ZIP:							:	
FATHER/GUARDIAN'S NAM	E:							
Email: Cell Phone:								
MOTHER/GUARDIAN'S MAI	IDEN NAME	:						
			(MAIDEN NAI	ME)	(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 Bi	irth	Baptism	First Eucharist	First Reconciliation	
School(s) your child(ren) att	tend:			1				
Emergency contact:						Phone:		
If emergency treatment is req below empowers parish authorization and is no	orities to exe	rcise their c	own judgment	to trans	port your child	to a hospital emerg	gency room. This is a	

Parent's signature:

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:	Туре:
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
Please "X" the area(s) if your family would like to Catechist or Teacher Aide in Grade Confirmation Catechist Substitute Teacher	
	ents and provide direction to different classrooms and activities) * * * * * * * * * * * * * * * * * * *
	ATION TUITION PAYMENT PLAN BEFORE AUGUST 23, 2017
One Student - \$85.00 Two Students - \$160.0	O Three students - \$235.00 Four (or more) students - \$310.00
ST. ELIZABETH ANN SETON FAITH FORM	MATION TUITION PAYMENT PLAN AFTER AUGUST 23, 2017
One Student - \$110.00 Two Students - \$185.0	OD Three students - \$260.00 Four (or more) students - \$335.00
	e charged an additional \$60.00 sacrament fee*** be charged an additional \$60.00 sacrament fee***
Bay, WI 54304. Tuition payments may be made in form if you would like to pay using a Debit/Credit C Full Tuition payment due at registr	ation \$
First Half Tuition payment due at r	
***Second Half Tuition Payment o	• •
i uli Tultion payment via Fattii Difet	φ <u></u>
	stact Carrie Lundy or Kate Ruth at (920)499-1546. No one shall be denied a ity to pay tuition. All children must be registered PRIOR to attending
Parent Signature:	Date:

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

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, mark the One Time Gift, the dollar amount and note "Faith Formation Registration". If you are not already enrolled in Faith Direct and would like more information visit 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 cred	dit/debit card (This page	will be shredded afte	er used)
My card type is: Visa	Master Card	Discover Ca	rd
Card Number:			
Card Expiration Date:			
CVV# (on back of card): _			
Name on Card:			
Address:	:	Zip:	
Phone Number:			
Dollar Amount:			
Cinnatura			