

K- 8th Grade RELIGIOUS EDUCATION 2018 – 2019 REGISTRATION FORM For St. Robert Parish

**K- 8th Grade classes meet from 9:45 – 10:45 At St. Robert Parish
Classes Begin Sunday September 9th 2018**

To register complete the this form and the volunteer form completely

1. Choose your Payment option:
 - Early Payment Option 1: \$20 per child savings (up to \$60) when registered by August 11th 2018
 - Payment Option 2: Take advantage of early payment - pay 50% now & balance by Nov. 1st
 - Payment Option 3: Make Payment after August 13th and the full payment is due with registration
2. We are Registering for K-8 at St. Robert _____
3. Return forms along with payment in an envelope marked Religious Ed. in the collection basket at any of the parish Masses or mailing to:

**St. Robert Parish Office
4019 N. Farwell Ave., Shorewood, WI 53211**

TUITION	Number of children		FEES	=	TOTAL
Early Per Child Tuition received by July 4 th , 2018 (4 th + Child is Free)		X	\$170.00	=	
Per Child Tuition received after July 4 th 2018 (4 th + Child is Free) * Family max \$570		X	\$190.00	=	
Extra \$5/child discount for paying by 5/18/2018					
Tuition Total					\$
First Reconciliation Book Fee (Students preparing for Reconciliation - 2 nd grade)		X	\$25.00	=	
First Eucharist Book Fee (Students preparing for Eucharist - 2 nd grade)		X	\$25.00	=	
Tuition + Sacramental book fee = Family Total					\$
Early registration deposit of 50% Option 2					- \$
Total Due by November 1					\$

FAMILY'S LAST NAME: _____

_____ We are registered parishioners of _____ Parish
(Name of Parish where you are registered)

_____ We are NOT registered at ANY Parish ***Note – If your child is receiving a sacrament the archdiocese requires you to be a registered parish member.**

(Please print clearly)

E-mail Address where you would like to receive weekly reminders

Family Address where information should be sent _____ City _____ Zip _____

Father/Guardian Last Name _____ **First** _____ **Business/ Cell Phone** _____
()

Father/Guardian Address (If different than above) _____ City _____ Zip _____ **Home Phone** _____
()

Mother/Guardian Last Name _____ **First** _____ **Business/ Cell Phone** _____
()

Mother/Guardian Address (If different than above) _____ City _____ Zip _____ **Home Phone** _____ *The maximum \$570 Fee is combined for ALL Christin Formation K-12 (excluding sacramental fees)No child will be denied Religious Education because of the family's financial circumstances. If you need to make special arrangements, please contact the Parish Office 332-1164

STUDENT INFORMATION

New Students: Complete #1 through #8 Returning Students need only to Complete #1, #3, #5

(#1)	(#2)	(#3)	(#4)	(#5)	(#6)	(#7)	(#8)
Name of Students	Sex	2018-2019 Grade	Date of Birth	School Attending	Received First Eucharist	Received Reconciliation	Baptism (Date and Place)

My child has the following allergies, health considerations, or special educational needs. If your child needs special accommodations in the classroom, please indicate that below so we can plan accordingly. Be specific.

OPPORTUNITIES TO SHARE YOUR FAITH

(Training and materials are provided)

I am interested in volunteering for the 2018 - 2019 school year as a:

- ____ Catechist /Co-Catechist - Grade Level(s): _____
- ____ Catechist Aide – Grade Level(s): _____
- ____ Substitute Catechist – Grade Level (s): _____
- ____ I need more information, please contact me

Our Catechists are *much* appreciated and as a “thank you” for your ministry, catechists and Co-Catechist can opt to have their tuition waived. Aides can opt to pay ½ the regular tuition

Photo Release Consent – please check Yes or No and Sign

- Yes** – I consent to the use by Holy Family and/or St. Robert Parish of any Videotape, photograph, slide, audiotape, parish web site or any other audio reproduction in which my child/children or I may appear. I release the staff, volunteers, etc. of Holy Family and/or St. Robert Parish from any liability connected with the use of my child’s/children’s picture or voice recording as part of the activities held at Holy Family and/or St. Robert Parish during the 2018- 19 school year.
- NO**- I do not consent to the use of my child’s/children’ pictures or audio reproduction by Holy Family and / or St. Robert Parish

(Please Print Your Name)

(Signature)

(Date)

FOR INTERNAL OFFICE USE ONLY

NEW FAMILY _____ YES _____ NO

OF CHILDREN REGISTERED _____

TUITION TOTAL _____

CATECHIST YES / NO CATEHCIST AIDE - YES / NO

SACRAMENTAL FEE _____

Volunteer Form YES / NO

TUITION TOTAL _____

AMOUNT PAID _____ CASH _____ CHECK# _____

BALANCE DUE _____ Balance Paid on _____ Amount _____ Check # / Cash _____

REGISTERED BY _____ DATE _____ email updated _____