

Registration Fee: \$130 per child/\$200 for 2 children/\$230 maximum per family. **Sacrament Fee (only pay if you have a child receiving one of the following Sacraments):** Communion ___(\$80) Confirmation ___(\$100)

Please make checks payable to St. Mary's Faith Formation Program. If you prefer to pay by credit card, please fill out separate form provided.

For office use only: Payment enclosed: Y ___ N ___ Amt. Pd. _____ Check #: _____ Credit Card: _____ Date Pd.: _____

ST. MARY'S FAITH FORMATION RE-REGISTRATION FORM

Family Name: _____

| <u>Child/Children's Names:</u> | <u>Grade in Sept. 2012:</u> | <u>M/F</u> |
|--------------------------------|-----------------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Grades 6-8 meet Monday, 7:30 – 8:30 p.m.
Grades 1-5 (check first preference):
Tuesday, 4:30 – 5:30 p.m.
Thursday, 4:30 – 5:30 p.m.

Please send in registration form by June 4th. A \$15 late fee applicable if not received by June 25th.

IF REGISTERING A CHILD IN FIRST GRADE:

Name: _____ **Date of Birth:** _____ **M / F** _____ **School child attends:** _____

PLEASE SUBMIT A COPY OF YOUR FIRST GRADER'S BAPTISMAL CERTIFICATE (EVEN IF BAPTIZED AT ST. MARY'S)

DOES YOUR CHILD HAVE AN IEP OR ANY SPECIAL EDUCATIONAL NEEDS?: YES___ NO___ (if yes, fill out separate form provided)

I have reviewed St. Mary's Faith Formation Handbook and agree to abide by its policies (sign below)

E-mail address: _____

Note any change of address and/or phone numbers below (if no change, do not fill out):
Address: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name and Phone: _____