

K- 6th Grade RELIGIOUS EDUCATION 2017 – 2018 REGISTRATION FORM For St. Robert Parish

K- 6th Grade classes meet from 9:45 – 10:45 At St. Robert Parish
7th & 8th Grade CF is combined with Holy Family Parish meet 9:10-10:15 at Holy Family
Classes Begin Sunday September 10th 2017

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 2017
 - 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-6 at St. Robert _____ and / Or Registering for 7th & 8th at Holy Family _____
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 August 11 th 2017 (4 th + Child is Free) | | X | \$170.00 | = | |
| Per Child Tuition received after August 11 th 2017 (4 th + Child is Free)* Family max \$570 | | X | \$190.00 | = | |
| 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 | 2017 2018 Grade | Date of Birth | School Attending | Received First Eucharist | Received Reconciliation | Baptism (Date and Place) |
| | | | | | | | |
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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 2017 - 18 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 2017- 18 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 _____

6/14/2017