

Saint Teresa Christian Formation Registration 2017-2018

P.O. Box 68, North Lake, Wisconsin 53064 262-966-7010

Please make any changes to the information below

Email address that you would prefer all correspondence be sent to and that is checked often _____

Other email addresses that we should use _____



Instructions for Registration



- Complete registration information on front
- Choose a payment plan option
- Complete the medical information on the back—**required-must complete**
- Complete Parental Pledge for Success—**required-must complete**

Note: If you have 4 or more children in our program, you will pay for the oldest three children and the fourth child will be "no charge."

2017-2018 Christian Formation Sessions & Tuition

Grade	Session	Time	Tuition
Preschool 3, K4	Sunday	9:15-10:15 a.m.	50.00
K5	Sunday	9:15-10:15 a.m.	50.00
Grade 1-5	Wednesday	4:30-5:30 p.m.	100.00
<i>***Grade 2—Please add an additional \$25.00 Sacramental Fee</i>			
Grade 6-7-8	Wednesday	7:00-8:30 p.m.	100.00**
Grade 9 and 10	Wednesday	7:00-8:30 p.m.	100.00
Grade 11 Confirmation	Wednesday	7:00-9:00 p.m.	100.00**

****Confirmation—Please add an additional \$25.00 Sacramental Fee*

***Does not include a retreat fee to be billed at actual cost.*

Fee Payment Plans

Please check the plan which best meets your needs

- Full/Partial payment with registration
- Full/Partial payment due 10/1/17
- Balance due 3/1/18
- Other-Please contact the business manager at 966-7010 to discuss arrangements.

Student's Name	2017 Fall Grade/ Preschool	Christian Formation Session	School Attending this Fall	Tuition Amount

Office use only

Payment	Date	Check #	Amount	Initials
1				
2				
3				

Tuition Total	
Sacrament fee First Communion & Confirmation <i>only/ \$25.00</i>	
Total Due	

Back side must be completed also

Special and Medical Needs Information

Please describe any special needs of your child, i.e., (*learning disabilities, ADHD, autism, behavioral issues, etc.*)
We must have this information to assist our catechists.
(If your child has an aide with her/him all day at school please advise as it will also be necessary for Religious Education.)
Please be assured that all information will remain confidential.

Please complete all information below

List any allergies: _____
List any medical conditions/pertinent health information we should be aware of: _____

Emergency Contact Information Photo Release

Parents and Emergency Contact	Business Phone	Cell Phone
Father: _____	_____	_____
Mother: _____	_____	_____
Emergency Contact Person (<i>not a parent</i>): _____		
Relationship _____ Cell/Home Phone: _____		

I hereby give my permission to Saint Teresa of Calcutta to take photographs that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reproductions, or any other processes or treatments necessary to make a photograph for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Signature of Parent/Legal Guardian _____ Date _____