

2017-18 RELIGIOUS EDUCATION REGISTRATION FORM

Grade P-10

LAST NAME OF CHILDREN _____

- Enter the grade each child will be enrolled in next school year **(2017-2018)**.
- Enter first **AND** second choices for class day/time for each child in **P-8** (see chart below).
- Please indicate if your children are: Home Schooled _____ Parochial School _____

GR. P-8

FIRST NAME OF STUDENT	M/F	GR.	1 st CHOICE DAY & TIME	2 nd CHOICE DAY & TIME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Preschool (age 4 by 9/1/17) Kindergarten (age 5 by 9/1/17)	Sunday 9:00 or 11:00
Grade 1 - 5	Tuesday 4:15 or 5:30 Wednesday 4:15 or 5:30
Grade 6 - 8	Tuesday 4:15, 5:30 Wednesday 6:45

HIGH SCHOOL – Gr. 9/10

FIRST NAME	M/F	Course	Day & Time
_____	_____	Gr. 9: Creed - Semester 1 (Sept. 13 – Jan. 10)	Wed. 8pm
_____	_____	Gr. 9: Sacraments & Prayer - Semester 2 (Jan. 24 - May 23)	Wed. 8pm
_____	_____	Gr. 10: Christian Morality - Semester 1 (Sept. 13 – Jan. 10)	Wed. 8pm
_____	_____	Gr. 10: Theology of the Body - Semester 2 (Jan. 24 - May 23)	Wed. 8pm

Please indicate which Sacraments your child(ren) has(have) received?

_____ **Baptism** _____ **1st Eucharist** _____ **1st Reconciliation**

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? (Allergies, medications, disabilities, Spanish/other language, etc)

<u>Name of Child</u>	<u>Special Needs</u> (Please be specific)
_____	_____
_____	_____

PARENT/GUARDIAN INFORMATION

Please check box if communication needs to be made to two different households.

	<u>Mother/Guardian</u>	<u>Father</u>
First/Last Name	_____	_____
Address	_____	_____
City, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

E-mail Address (Required: used to announce weather closings and other urgent information.)

Please fill out the reverse side of this form.

IN CASE OF EMERGENCY WHO SHOULD WE CONTACT IF PARENTS CAN'T BE REACHED?

Name _____ Phone _____ Cell Phone _____

Are you currently a **registered** member of St. Raphael Parish? Yes ____ No ____

PARISHIONER TUITION (registered member of St. Raphael at time of registration)

P/K: **\$60** Grades 1-8: 1st child: **\$110** 2nd child: **\$70** 3rd child: **Free (P-10)**

High School: \$55 per Semester

Maximum per family (registered parishioners) - \$180, plus **Sacramental Prep fees**

NON-PARISHIONER TUITION: P/K: **\$60** Grades 1-8: **\$180 per child** High School: **\$55 per semester**
 Due to the pre-purchase of textbooks and resources, **NO refunds will be issued after October 31, 2017.**

TUITION

FIRST CHILD _____

SECOND CHILD _____

P/K _____

HIGH SCHOOL _____

SUB TOTAL _____

CATECHIST DISCOUNT _____

(50% off tuition fees only)

SACRAMENTAL FEE _____

\$25 Reconciliation & \$25 First Eucharist

(\$50 total sacramental fee for ALL 2nd grade students)

TOTAL FEES _____

AMOUNT PAID _____

DATE RCVD _____ CK # _____

I PREFER TO MAKE A MONTHLY PAYMENT

Month	September	October	November	December	January	February	March	April	May
Amount to be paid									
Amount received									

My family is unable to pay the full amount this year. Please contact me regarding financial assistance or payment options.

I agree to pay the above charges and to abide by Religious Education Department guidelines.

Parent Signature _____

Please return this form with your payment to:

St. Raphael the Archangel Parish (Attn: Ann Olig) 830 S. Westhaven Dr., Oshkosh, WI 54904

Office Use Only:

BALANCE _____

Date Received _____ Check No. _____ Check Amt: _____ Balance _____ Initials _____

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