

"✓" Check to approve

General Permission/Liability Release: I request that my child(ren) be allowed to participate in the Quad-Parish Faith Formation Program and it's activities. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the minors in our family and our heirs, successors, and assigns, to hold harmless and defend the Quad-Parishes of Green Bay, it's officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activities for reasonable attorneys fees and expenses arising in connection therewith.

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lezenges) be given to my child by authorized personnel, if deemed appropriate.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the phone number(s) provided, contact:

Emergency Contact Name: _____ Phone: _____

Family Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

Name of Preferred Hospital: _____

Special Health Concerns: _____

Media Release: This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

Parking Lot Safety: As legal guardian, I understand that our parking lot is not supervised and that I or other authorized person must enter the building to drop off and pick up my grade Kn - 5 child(ren).

Parent/Guardian Signature: _____ **Date:** _____

Quad-Parish Religious Education Tuition Agreement 2017-2018

Base Tuition: \$55.00 per child Gr.Kn-8 x _____ (# of students, \$165 family cap)
\$75.00 per child Gr.9-11 x _____ (# of students)

Required \$15 SCRIP Fee: \$15.00 in **PROFIT** per family per year, waived if purchase Scrip (check one below)

_____ I agree to purchase SCRIP from the Quad-Parishes (\$15 fee waived, do not add to tuition)

_____ I do not plan on purchasing SCRIP from the Quad-Parishes (add \$15 fee to tuition)

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See Scrip explanation sheet

Additional Fees for Sacrament Years

1st Reconciliation Fee (typically Gr. 2): \$25.00 x _____ (# of students)

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1st Eucharist Fee (typically Gr. 2): \$25.00 x _____ (# of students)

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Confirmation Fee (Gr. 11): \$25.00 x _____ (# of students)

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Total Tuition Due (total all boxes)

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Payment Plans (make checks payable to Faith Formation)

_____ Paying in full with Registration _____ Two Payments (1st due with registration, 2nd by January 2018)

_____ Monthly Payments (due by last day of the month)

_____ Requesting Financial Assistance in the amount of _____. For assistance to be granted, you must:

- Be a **registered** member of one of the Quad-Parishes
- Pay 10% of requested assistance amount, due with registration
- I am requesting financial assistance because: _____

I accept the policies of the Quad-Parish Religious Education/Youth Ministry Programs and understand that I am responsible for the tuition and fees above. I will notify the office of any changes to information provided on this form.

Parent/Guardian Signature: _____ **Date:** _____