



Quad-Parish Faith Formation Registration 2018-2019

936 9th Street Green Bay WI 54304 920-497-7042

Serving the Catholic Communities of Annunciation, St. Joseph, St. Jude & St. Patrick

Find Home, Hope & Holiness

Father's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small>	Mother's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small>
Address: _____ <small style="display: inline-block; width: 30%; text-align: center;">City</small> <small style="display: inline-block; width: 30%; text-align: center;">Zip</small>	Address: _____ <small style="display: inline-block; width: 30%; text-align: center;">City</small> <small style="display: inline-block; width: 30%; text-align: center;">Zip</small>
Phone: _____	Phone: _____
Occupation: _____	Occupation: _____
Marital Status: _____	Marital Status: _____
Religion: _____	Religion: _____
Email: _____	Email: _____
Email weekly RE newsletters & info to this address <input type="checkbox"/>	Email weekly RE newsletters & info to this address <input type="checkbox"/>

Maiden Name Child(ren)'s Mother: _____

Parish Currently Registered at: _____

We are not registered with a parish but would like to register with (circle): Annunciation St. Joseph St. Jude St. Patrick

- *If your children are new to our program and were not baptized within the Quad-Parishes, please provide us with a copy of their baptismal certificate which will be kept in their file. (we will be glad to make a copy for you)*

Our Family is new to the Quad Parish Religious Education program

Name (first/middle/last)	M/F	D.O.B.	School Name	Grade Fall 2018	Church of Baptism Church/city/state	✓ if received 1 st Communion

Describe any special needs, medication requirements, or allergies your children may have: _____

We have many volunteer opportunities in our Faith Formation Program. Sign up today or contact us for more info!

- | | |
|---|---------------------------------------|
| _____ I will likely attend the meal program | _____ I will help with the RE program |
| _____ Help cook/serve the meal program | _____ Hall Monitor |
| _____ Baking/Snacks | _____ Classroom Aide |
| | _____ Child Care for Special Events |

*****PLEASE FILL OUT REVERSE SIDE*****

Check to approve

General Permission/Liability Releaser: I request that my child(ren) be allowed to participate in the Quad Parish Faith Formation program and its 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 assignees, to hold harmless and defend the Quad-Parishes of Green Bay, its 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 lozenges) to be given 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 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 constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during programs or trips. These could be used for further appropriate promotional videos, website promotions, fliers, or other diocesan or parish uses.

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

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

Quad-Parish Religious Education Tuition Agreement 2018-2019

Base Tuition: \$55.00 per child Gr.K-8 x _____ (# of students)

\$75.00 per child Gr.9-11 x _____ (# of students)

(Tuition Assistance available if needed. See below)

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)

Additional Fees for Sacrament Years

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

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

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

Total Tuition Due (total all boxes) _____

Amount of Tuition Paid (based on your payment plan, how much are you enclosing with registration?) _____

Payment Plans (please make checks payable to Quad Parish Faith Formation):

_____ Paying in full with Registration

_____ Making Two Payments (1st due with registration, 2nd by January 2019)

_____ Requesting Financial Assistance in the amount of _____.

For assistance to be granted , you must:

1. Be a **registered** member of one of the Quad Parishes.
2. Pay 10% of requested assistance amount, due with registration
3. 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:** _____