

Assumption B.V.M. /St. Stanislaus Faith Formation
109 East Pulaski Street Pulaski, WI 54162
www.abvm.org/totalcatholiceducation
822-5650

REGISTRATION: Registration forms must be filled out, signed and sent to the Religious Education Office.
Please fill out one family registration form per family (on the back of this letter).

TUITION RATE FOR 2011-2012: \$70 per student in grade 1 through 11 for parish members
***\$125 per student for non registered St. Stanislaus & Assumption BVM families
Additional sacramental fee:
\$70 grade 12 Confirmation fee
\$55 grade 11 retreat fee
\$25 grade 2 Reconciliation fee
\$25 grade 3 Communion fee
Maximum \$275/family for registered Assumption BVM &
St. Stanislaus members

PAYMENT PLAN: The following choices are available. Please select one.

THE PAYMENT PLAN I WILL USE:

_____ **Plan 1. Payment in full on or before October 1, 2011**

_____ **Plan 2. Payment of half by October 1, 2011 and balance by January 15, 2012**

If payments cannot be met by the above deadlines, please contact Deanne Wilinski or
Father Patrick at 822-5650 with questions or concerns.

If you are teaching, your child(ren) will attend classes free of charge.

PARENT COMMITMENT: I understand that I am responsible for payment of charges for participation in
the Religious Education Program.

Signed _____ Date _____

CAN YOU HELP?

Areas where help is needed: _____ **Teach a class (Gr. 1-6)** _____ **Team-teach (Gr. 7-12)**

_____ **Assist with retreats** _____ **Office helper** _____ **Confirmation small group leader**

You are strongly encouraged to participate in our parish fundraisers.
Please check one you would like someone to call you about.

_____ **Parish Auction (April)** _____ **Polka Days Food Stand (July)** _____ **Parish Produce Wagon (July-October)**

Does your child have any physical, health, behavioral or educational needs or impairments? Please describe.
Also, please list all medications your child is currently taking on a regular basis.

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Assumption B.V.M./St. Stanislaus Faith Formation
2011-2012 Family Registration Form

Family Last Name _____ Date _____

Father's Name _____

Mother's Name _____

Address _____

Mother's Maiden Name _____

Address _____

City _____ Zip _____

City _____ Zip _____

Cell Number _____

Cell Number _____

Home Telephone _____

Home Telephone _____

E-mail address _____

E-mail address _____

Parish you financially support and are a registered member of _____

Person to contact if unable to reach parents _____ Telephone _____

Non-Custodial parent who desires information about program:

Name _____ Telephone _____

Address _____ Zip _____

CHILDREN ATTENDING RELIGION EDUCATION PROGRAM DURING THE 2011-2012 SCHOOL YEAR

Child's First, Middle & Last Name	Date of Birth	Grade In 2011-2012	Sacrament information is to be filled out for students in Grades 1, 2, & 3 Please indicate the date and <u>parish</u> where the sacrament was received.		
			Baptism	Reconciliation	1 st

(FOR OFFICE USE ONLY)

TOTAL AMOUNT DUE: _____

PAID: _____

CHECK# _____ **RECEIPT#** _____

BALANCE DUE _____

TOTAL AMOUNT DUE: _____

PAID: _____

CHECK# _____ **RECEIPT#** _____

BALANCE DUE _____

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