

Southeast Catholic Religious Formation 2019-2020

(To register and pay online go to www.southeastcatholic.org)

Please Print All Information

FAMILY LAST NAME: _____ ☐ New Family ☐ Continuing (attended in 2018-2019)

Mailing Address: _____ City: _____ Zip: 53_____

Home Phone: _____ - _____ - _____ Primary Cell Phone: _____ - _____ - _____

Primary Email (used for bi-monthly newsletter): _____

Parish: ☐ Immaculate Conception ☐ Nativity of the Lord ☐ Sacred Heart ☐ St. Augustine ☐ St. Paul ☐ St. Veronica
☐ Other Parish _____

Student _____ will participate on a STAA athletic team in 2019-20 (mark any): ☐ Football ☐ Soccer ☐ Volleyball ☐ Basketball

Must be a member of a South Shore parish to play sports for St. Thomas Aquinas Academy

PLEASE REFER TO ATHLETIC POLICY/RESTRICTIONS FOR PARTICIPATION

Students primarily live with (choose 1): ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Father/ Guardian Name _____

First

Last

Home Phone

Cell Phone

Address **ONLY** if different than address listed above

City

Zip

Email

Mother/ Guardian Name _____

First

Last

Home Phone

Cell Phone

Address **ONLY** if different than address listed above

City

Zip

Email

Student Information

STUDENT NAME (First and Last)	<u>Date of Birth</u>	M/F	<u>Rel Ed Grade</u>	<u>Home Study</u>	<u>Year Received</u>		<u>Office Use Only</u>
	m/d/y		2019-20	Yes or No	Baptism	Eucharist	

Emergency Contact Information (NON-PARENT who could pick up child if necessary)

Name: _____ Phone: _____ Type of phone (Circle one): Home Cell

Medical/Educational Needs

Is there anything we should know about your child(ren) in order to better serve their needs in the program (e.g. allergies, asthma, attention deficit or hyperactive disorders, learning disabilities, etc.) Please describe. This information will be shared with the catechist as necessary.

PARENT PARTICIPATION

Please indicate the areas where you would like to volunteer (*all adults in a classroom including visiting parents must have completed the Safe Environment requirements*)

- _____ Catechist (Teacher) - Receives tuition for one student (\$65) waiver
_____ Co-Catechist – Willing to teach with another adult (Receives \$65 tuition waiver)
_____ Elementary Grades Catechist Aide – Assists in classroom
_____ Substitute Catechist
_____ Sunday Morning Office Assistance
_____ Christian Formation Committee Member (1 Monday evening meeting per month, members needed from each parish)
_____ Parish: _____
_____ Other area to assist _____

TUITION SCHEDULE:

Paying by check or money order - A minimum payment of **one half of family tuition owed** must accompany this form.

All tuition must be received **no later than September 15, 2019**. Families do not begin until all tuition is received.

Paying by credit card or payment plan – available through www.southeastcatholic.org beginning April 8.

Registration Fees –

Form and minimum payment by August 16, 2019

- \$65.00 – first child
- \$125.00 – two children
- \$185- three children
- \$240- four or more children

Late Registration Fees –

Form and minimum payment **after August 16, 2019**

- \$75.00 – first child
- \$145.00– two children
- \$215.00 – three children
- \$280.00 – four or more children

Tuition Assistance

If you need assistance beyond a payment plan, contact your Director, 414-481-0777.

Payment by Check/Money Order Accompanies this Form

WE CANNOT ACCEPT CASH

- ☐ My full payment is enclosed. Check/Money Order number _____
- ☐ I am paying Half Family Total and will complete full family tuition by September 15, 2019
Check/Money Order number _____

Make check/money orders payable to:

St. Veronica