



St. Pius X
3878 Highland Avenue
White Bear Lake, MN 55110

www.churchofstpiusx.org

Faith Formation Registration 2018-2019

Grades K - 10*

*Students who will be in Grades 9-12 next year and have been Confirmed should register for a Discipleship Group (Separate Registration)

Members of St. Pius? Yes No

Family (Last) Name

Address:

Mother's First Name

City, State, Zip:

Father's First Name

Address:

Please provide address if different.

City, State, Zip:

Student Lives with (Please check one): Both Mother Father Other Specify

Home Phone: Mom Cell: Dad Cell:

Mom E-mail: Dad E-mail:

Is Mom Catholic Is Dad Catholic

ENROLLMENT INFORMATION 2019-2019

Grade (2018-2019)	Students First Name & Last if different	Date of Birth	Age as of 8/31/18	School Student Attends 2018-2019	Returning from Last Year?	Class Time 5:15 or 7:15*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* Please Note! 5:15 Session Grades K-4 only; 7:15 Session Grades K-10

Class times 5:15 - 6:20 pm & 7:15-8:30 pm

If students were enrolled in a program elsewhere, please indicate parish and city:

Please check if you have a child in Grade 3 or above who has not received the Sacraments of Baptism, Reconciliation or Eucharist so that we may discuss options with you.

Please check if you would like to speak to a coordinator in confidence regarding your child or any special needs.

Medical & Emergency Contact Information

Any Medical, Learning, Behavioral Issues or Dietary needs we should be aware of?

Name Student and Specify

In case of emergency, whom should we contact, other than parent(s)?

Name: Phone Number Relationship:

In the event of a Medical/Dental Emergency & I cannot be reached, I authorize emergency treatment to be administered to any child(ren) listed on this form.

Signature of Parent or Guardian: Date:

Please complete reverse side of this form

Photo and Name Release - Parent Authorization, Consent and Release

The undersigned parent/guardian hereby authorizes and consents that the Church/Faith Formation Program of St. Pius X be permitted to use and publish for advertizing, commercial or publicity purposes, the name and likeness of my child(ren) _____ or for lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release the Church/Faith Formation Program of St. Pius X form any liability in connection with such use. The undersigned parent/guardian acknowledges having read the release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance.

Signature of Parent or Guardian: _____

Date: _____

TUITION INFORMATION

PLEASE READ CAREFULLY AND COMPLETELY AND FILL IN. PLEASE NOTE CHANGES IN TUITION

RETURNING FAMILIES

Please register by June 30, 2018 to avoid higher tuition rates.

NEW FAMILIES

Tuition is \$80.00 per child if you do not have a child currently registered in Faith Formation.

ALL FAMILIES

Non-Parishioner Rate is \$125 per student.

Students must be registered at least two weeks before starting class and one parent must attend the parent orientation!

TUITION WORKSHEET

Description	Tuition or Credit
\$70.00 TUITION PER CHILD K-12 (REGISTRATION AND PAID IN FULL BEFORE June 30, 2018) \$200 Family max on Tuition	
\$80.00 TUITION PER CHILD K-12 (REGISTERED ON OR BEFORE June 30, 2018 AND NOT PAID IN FULL) \$225 Family max on Tuition	
\$100 TUITION PER CHILD K-12 (REGISTERED AFTER June 30, 2018) \$250 Family max on Tuition	
\$125.00 TUITION PER CHILD K-12 FOR NON-PARISHIONERS Family max \$300 on Tuition	
CATECHIST/MENTOR CREDIT DEDUCT \$80 FULL TIME OR \$40 FOR HALF TIME OR TEAM	
TOTAL DUE:	

PAYMENT OPTIONS (PLEASE CHECK ONE)

- I have included full payment with registration or will pay before June 30, 2018 (Early Bird Registration and Payment)
- I will pay full on or before the first day of class.
- I would like to discuss payment arrangements (Tuition may be divided into 3 payments).
- I would like to discuss full or partial financial assistance.

FOR OFFICE USE ONLY

FAMILY NAME _____

Date Received: _____

In Computer

Family Student New **PAID IN FULL**

DATE	CHECK #	AMOUNT
	CREDIT (TYPE)	