

Holy Trinity/St. Michael Religious Education Program **2018 – 2019**
305 Main Street, Kewaskum, WI 53040 • 262-626-2650 • htsmreligious@hotmail.com
Family Registration Form for Grades K – 11

| | | | |
|--------------------|--|--|--|
| Father's Name: | | | |
| Address: | | | |
| Phone # - Home: | | | |
| Phone # - Cell: | | Texting (circle one): Yes No (for cancellation purposes) | |
| Email Address: | | | |
| Father's Religion: | | | |

| | | | |
|--------------------|---------------------|--|--|
| Mother's Name: | Maiden Name: | | |
| Address: | | | |
| Phone # - Home: | | | |
| Phone # - Cell: | | Texting (circle one): Yes No (for cancellation purposes) | |
| Email Address: | | | |
| Mother's Religion: | | | |

Please send digital and paper correspondence to (circle one): **Mom Dad Both**

| | | | |
|----------------------------|--|------------------------|--|
| Emergency Contact: | | Relationship to Child: | |
| Emergency Contact Phone #: | | | |

Child(ren) live with:

| | |
|--|---------------------------------------|
| | Both Father & Mother (Same Household) |
| | Father |
| | Mother |
| | Other |

Parish Member of:

| | | | |
|--|--------------------------|--------------|--|
| | Holy Trinity, Kewaskum | | |
| | St. Michael, St. Michael | | |
| | Non-Member | Parish Name: | |

***If the student is new to the program, PLEASE ATTACH A COPY OF THEIR BAPTISMAL CERTIFICATE if baptized at a Parish other than Holy Trinity or St. Michael's.**

| | Child #1 | Child #2 | Child #3 | Child #4 |
|--|---|---|---|---|
| Name: | | | | |
| Date of Birth: | | | | |
| Female/Male: | | | | |
| School Student Attends: | | | | |
| Grade in Sept. 2018: | | | | |
| List any Special Needs: (Health, Allergies, Learning Difficulties, etc.) | | | | |
| Please check all the Sacraments child has received: | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion |
| Parish of Baptism: | | | | |

Please see the back of this form for fees & payment information.

-----Office Use Only-----

New Families: Baptismal Certificate(s) Received _____

**2018-2019 HOLY TRINITY/ST. MICHAEL RELIGIOUS EDUCATION
NEW FAMILY REGISTRATION FORM**

FAMILY NAME (FIRST & LAST NAME OF PARENTS): _____

Families NEW to our program: Please disregard the deadline for the discount pricing for 2018-2019 school year. All new families are welcome to use the discount pricing when you register your child(ren) this year.

Tuition/Fee Schedule for 2018/2019 (NON-REFUNDABLE)

| Fee Description | # of Children | DISCOUNT PRICING PAID BY JUNE 30 TH , 2018 | STANDARD PRICING PAID AFTER JUNE 30 TH , 2018 | Total Fees |
|--|---------------|---|--|------------|
| Tuition for Parish Members of Holy Trinity or St. Michael * | | @ \$75.00 | @ \$95.00 | = |
| Tuition for Non-Parish Members * | | @ \$100.00 | @ \$120.00 | = |
| \$30.00 Sacramental Fee Per Student in 2nd Grade OR 11th Grade 2 nd Grade: First Communion/First Reconciliation 11 th Grade: Confirmation | | @ \$30.00 | @ \$30.00 | = |
| Sub-Total Tuition & Sacramental Fees | | | | |
| One tuition fee waived if weekly volunteer (Catechist, Aide, Etc.) (Please subtract \$75 per parent volunteer) Please see volunteer form. | | | | - |
| Total Tuition & Sacramental Fees Due | | | | |

*Retreat Fees to be billed at a later date.

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| PAYMENTS – Cash/Check/We Share (Checks payable to HT/SM Religious Ed. Fees Enclosed: YES NO |
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Please circle your family's preferred weekend Mass time: Sat. 4:00 p.m. Sun. 7:30 a.m. Sun. 9 a.m. Sun. 11 a.m.

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| <p>Safeguarding God's Children / Family</p> <p><input type="checkbox"/> I consent to the participation of my child(ren) in <i>The Safeguarding All of God's Family</i> lesson. As a requirement from the Archdiocese, our children must have one class each year for <i>Safeguarding All of God's Family</i>.</p> <p><input type="checkbox"/> I DO NOT want my child(ren) to participate in <i>The Safeguarding All of God's Family</i> lesson.</p> <p align="center">Photography/Video Release</p> <p><input type="checkbox"/> I consent that one or more photographs or videos may be taken of my children. I authorize the Archdiocese of Milwaukee to use the photos or videos in any way it deems appropriate.</p> <p><input type="checkbox"/> I DO NOT Consent to have photographs or videos taken of my children.</p> <p align="center">Emergency Medical Treatment</p> <p><input type="checkbox"/> In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.</p> <p>_____</p> <p>Parent Signature _____ Date</p> |
|--|

Office Use Only

Date Registration Form Received: _____ Date Payment Received: _____

Check #: _____ Check Amount: \$ _____ Cash Amount: \$ _____ Initials of Payment Received By: _____