

2018-2019 HOLY TRINITY/ST. MICHAEL RELIGIOUS EDUCATION UPDATE FORM

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

Please indicate on the reverse side any **changes** to the registration information we have on file for your family, including contact information (email, phone or address) and information about your children (i.e. allergies, medical conditions, etc.) **If you are registering a family member new to our program, please fill out the bottom portion on the reverse side.**

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)				-	
Total Tuition & Sacramental Fees Due					

***Retreat Fees to be billed at a later date.**

PAYMENTS – Cash/Check/We Share (Checks payable to HT/SM Religious Ed. Fees Enclosed: YES NO

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.

Safeguarding God's Children / Family	
<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> .
<input type="checkbox"/>	I DO NOT want my child(ren) to participate in <i>The Safeguarding All of God's Family</i> lesson.
Photography/Video Release	
<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.
<input type="checkbox"/>	I DO NOT Consent to have photographs or videos taken of my children.
Emergency Medical Treatment	
<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.
_____	_____
Parent Signature	Date

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

Date Registration Form Received: _____ Date Payment Received: _____

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

**REGISTRATION FOR FAMILY MEMBERS NEW TO THE
HT/SM RELIGIOUS EDUCATION PROGRAM**

	Child	Child	Child
Name:			
Date of Birth:			
Female/Male:			
School Student Attends:			
Grade in Sept. 2018:			
List any Health Issues: (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
Parish of Baptism:			

***If your child was baptized at a Parish other than Holy Trinity or St. Michael's,
please include a copy of the Baptismal Certificate with this form.***

**FAMILY INFORMATION UPDATE
TO BE COMPLETED FOR CHANGES ONLY**

Holy Trinity/St. Michael Religious Education Program

PLEASE COMPLETE REVERSE SIDE FOR 2018-2019 TUITION/FEE SCHEDULE

Please indicate below any **changes** to the registration information we have on file for your family; including contact information (email, phone or address) and information about your children (i.e. allergies, medical conditions, etc.)

Parents' Names (First & Last): _____

Email: _____ Phone: _____

Address: _____

Parish: _____

Other (example: marital status, change in custody): _____

Child (Allergies, etc.): _____

Child (Allergies, etc.): _____