

# St. Catherine of Alexandria and St. Joan of Arc 2019-20 Christian Formation Fee Statement

St. Catherine of Alexandria Parish • W359 N8512 Brown St, Oconomowoc, WI 53066 • 920-474-7000  
St. Joan of Arc Parish • 120 Nashotah Road, Nashotah, WI 53058 • 262-646-5821



**Please complete the information below as well as on the reverse side and return to your parish with your payment. Please make checks payable to your parish.**

We are members of:       St. Catherine of Alexandria       St. Joan of Arc       Other

Tuition & Fees (per child)		Charges (Complete based on tuition and fees to the left)	
Family Program Tuition (Grades 4k-6)	\$130	Tuition	\$
Youth Program Tuition (Grades 7-11)	\$150	Sacramental Fees	\$
Sacramental Fees (Grades 2 and 11)	\$50	Confirmation Retreat Fee	\$
Confirmation Retreat Fee (Grade 11)	\$25	<b>TOTAL CHARGES</b>	<b>\$</b>
<i>Maximum Tuition charge is \$350/family, not including Sacramental and Retreat Fees</i>		<b>To assist another family, I have added:</b>	<b>\$</b>
		<b>Total Enclosed:</b>	<b>\$</b>

**No one will be refused formation based on inability to pay**

### Payment Plan Request and Financial Assistance

I am able to pay \$\_\_\_\_\_ now. I will make payments of \$\_\_\_\_\_ as follows:\_\_\_\_\_

I am requesting financial assistance of \$\_\_\_\_\_

### Team Sports Opportunities

• **Grades 5-8:** St. Joan of Arc Parish School volleyball, basketball, track, and cross country are available to all children registered in Christian Formation.

• **Grades 9-11:** CYM basketball is available to all youth registered in Christian Formation.

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_

I agree to the financial support of my parish on a regular basis in proportion to my financial means.  
(Initial) \_\_\_\_\_

I hereby release St. Catherine of Alexandria, Oconomowoc, WI and St. Joan of Arc, Nashotah, WI of liability and give permission to have pictures of my family on the parish website, social media, or bulletin (names are not used).

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

### For office use:

Total Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ Parish Conf: \_\_\_\_\_

Payments: \_\_\_\_\_

Financial Assistance \$ \_\_\_\_\_ Approved: \_\_\_\_\_ Confirmed: \_\_\_\_\_



St. Catherine of Alexandria and St. Joan of Arc  
2019-20 Christian Formation Family Detail

*Welcome!*

Please complete your family's information below, as well as the Fee Statement on reverse.

Parents					
First	Last	Address	City	State	Zip Code
Home Phone	Cell Phone	Email			
First	Last	Address	City	State	Zip Code
Home Phone	Cell Phone	Email			

Children						
First	Middle	Last	Birthdate	Sex	Grade	School
Date & Parish of Baptism			Date & Parish of First Communion			
Allergies or Special Needs						

First	Middle	Last	Birthdate	Sex	Grade	School
Date & Parish of Baptism			Date & Parish of First Communion			
Allergies or Special Needs						

**Additional Children**

First	Middle	Last	Birthdate	Sex	Grade	School
Date & Parish of Baptism			Date & Parish of First Communion			
Allergies or Special Needs						

First	Middle	Last	Birthdate	Sex	Grade	School
Date & Parish of Baptism			Date & Parish of First Communion			
Allergies or Special Needs						

First	Middle	Last	Birthdate	Sex	Grade	School
Date & Parish of Baptism			Date & Parish of First Communion			
Allergies or Special Needs						

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Allergies or Special Needs						