

**ALL SAINTS PARISH RELIGIOUS EDUCATION 2021-2022
TUITION DETAILS**

Section A

2021-2022 Religious Education (CCD) Tuition: Each Child \$50.00

Please note the tuition cost covers the cost of the books and materials which will be used throughout the year.

September 07, 2021 - REGISTRATION DEADLINE Class assignments can only be given when registration is completed.

Registration by this date is very important because it enables us to ensure your child's space in a class and organize/plan for needed teachers and books. Please include payment with your registration.

PLEASE NOTE: It is our parish policy that a child/family will never be denied religious education due to financial hardship. If the Religious Education Tuition Payment Schedule or Amount constitutes a financial hardship for your family, you may request a payment plan and/or a partial or full tuition waiver Please see additional information below (Section B) and attach this Section with your Registration Packet and payment.

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Section B

Quarterly/Bi-Annual Payment Requests

If you are requesting a tuition payment plan, please checkmark a payment plan below. Payments should be paid on the dates indicated so that we can plan to pay our vendors in a timely manner.

Please indicate your preferred payment plan:

_____ Bi-annually (Total Tuition due divided into 2 payments) =\$_____ payments
(Payments due with Registration and January 15th)

Tuition Waiver Requests

_____ Check here if you are requesting a partial or full tuition waiver. Please indicate the reason for the request and the amount of tuition you need waived on the reverse side of this form. All requests will be held in strict confidence.

FAMILY NAME _____ PHONE _____

E-MAIL ADDRESS (REQUIRED) _____

Parent/Guardian Signature: _____ Date _____

All Payments are Non-Refundable

CLASS REGISTRATION FORM

FOR GRADES 1-8 ONE FORM PER FAMILY

FAMILY NAME _____ PRIMARY PHONE _____

E-MAIL ADDRESS (REQUIRED) _____

(This is our main way of communicating with families - please give all email addresses with which you would like to receive notifications)

____ Check here if not registered at the Parish of All Saints parish (a parish registration form will be mailed to you)

I AM _____, AM NOT _____ interested in helping out in the program.

FATHER'S NAME _____ FATHER'S CELL: _____

MOTHER'S NAME _____ MOTHER'S CELL: _____

MOTHER'S MAIDEN NAME _____

FAMILY ADDRESS _____

FATHER LIVES AT THIS ADDRESS? YES _____ NO _____ DECEASED _____

MOTHER LIVES AT THIS ADDRESS? YES _____ NO _____ DECEASED _____

If children live with guardian, _____
(Name) (Relationship)

EMERGENCY PHONE NUMBER: (should not be the same as the primary phone number)

NUMBER _____ NAME OF PERSON _____

RELATIONSHIP TO CHILD _____

<u>CHILD'S FULL NAME</u>	<u>CCD Level</u> <u>2020-2021</u>	<u>Name of Public School & Grade</u> <u>2021-2022</u>	<u>BIRTH DATE</u>	<u>AGE</u>
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Please include, on the back of this sheet, any special conditions that may affect your children, such as physical, emotional or learning issues, allergies to food, etc. We appreciate enough information to enable us to be sensitive and responsive to your children's needs.

PARENT'S SIGNATURE _____ DATE _____

Child's Name: _____

Issue/concern:

Allergies: _____ Medication used _____

Special concerns: Language barrier _____ Learning issues _____

Special needs or adaptations necessary to assist in the learning process:

Child's Name: _____

Issue/concern:

Allergies: _____ Medication used _____

Special concerns: Language barrier _____ Learning issues _____

Special needs or adaptations necessary to assist in the learning process:

Child's Name: _____

Issue/concern:

Allergies: _____ Medication used _____

Special concerns: Language barrier _____ Learning issues _____

Special needs or adaptations necessary to assist in the learning process:
