



2021-2022 RELIGIOUS EDUCATION PROGRAM (REP)

Fee Waiver- Adjustment Request

Date: _____

Volunteer's Name: _____

Address: _____

Phone: _____

I hereby request the following: (check all that apply & write explanation on back of form)

- Waiver of REP fees for this school year (see explanation on reverse side.)
- Request for payment arrangements (see explanation on reverse side.)

ONLY ONE OF THE FOLLOWING THREE DISCOUNTS MAY BE USED PER FAMILY:

- CATECHIST special rate of **\$20 COST** per student for first 2 students and **\$5 for each additional**.
(Tuition will be pro-rated for Catechist who withdraw from program before end of year.)
- Adult Catechist AIDE special **DISCOUNT of \$15** per student for REP.
(Catechist AIDE must assist a min. of 14 classes to qualify or tuition will be pro-rated accordingly.)
- Adult Office Helper special **DISCOUNT of \$15** total for REP Monday nights.
(Office Helper must assist a min. of 14 Mondays to qualify or tuition will be pro-rated accordingly.)

I agree to volunteer for: (check all that apply)

- REP check one (___ Catechist, ___ Aide, ___ Helper)
- Monday night REP classroom runner (Deliver copies to classrooms & pickup lesson plans, etc.)
- Monday night REP office aide (Making copies, filing, stuff packets, etc.)
- Faith Formation Office GENERAL HELP DURING WEEK:
(Making copies, filing, seasonal events, etc.)
Weekly/Bi-Weekly - days available _____
Monthly - availability _____
- Sacramental Programs (Put packets together, check-in candidates at events, etc.)
- SORRY, I CANNOT AGREE** to help at this time but would appreciate the waiver/adjustment as requested above and explained on reverse side.

Signature of applicant: _____

~~~~~DO NOT WRITE BELOW THIS LINE~~~~~  
Payment Arrangements as stated in above box.

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

|                                                  |
|--------------------------------------------------|
| <b>OFFICE USE ONLY:</b>                          |
| <b>ID #</b>                                      |
| <b>Total Fees Due:</b>                           |
| <b>Total amount waived:</b>                      |
| <b>Adjusted Balance Due:</b>                     |
| <b>Payment Arrangement:</b>                      |
| <b>Adjusted fee posted to registration form:</b> |



*Sacred Heart Church, Office of Faith Formation, 400 Nilles Road, Fairfield, OH 45014*

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**Please provide a DETAILED explanation of circumstances:** *(add another sheet of paper if necessary)*

~~~~~ DO NOT WRITE BELOW THIS LINE ~~~~~  
DRE/Office Notes: