

Saint Teresa of Calcutta Formation & Discipleship Registration 2023-2024

P.O. Box 68, North Lake, Wisconsin 53064 262-966-7010

Please complete the information below

Family Name: _____ Home Phone: _____

Parents names: _____ Mom's Cell#: _____

Address: _____ Dad's Cell #: _____

City: _____ Zip: _____ Student Cell #(High school students only): _____

Email for all correspondence: _____



Instructions for Registration



- ☐ Complete Formation & Discipleship Registration
- ☐ Complete Formation & Discipleship Payment Worksheet
- ☐ Complete Emergency Medical Treatment
- ☐ Return forms to Parish Office by September 1st

Note: If you have 4 or more children in our program, you will pay for the oldest three children and the fourth child will be "no charge."

2023-2024 Formation & Discipleship Sessions

<u>Grade</u>	<u>Session</u>	<u>Time</u>
Preschool-K5 Must be 3 years old by September 1st /Fully Potty Trained)	Sunday	10:00-11:45 a.m.
Grade 1-5	Sunday	10:00-11:45 a.m.
Grade 6-7-8	Sunday	10:00-11:45 a.m.
Grade 9 and 10	Sunday	10:00-11:45 a.m.
Grade 11 Confirmation Class day and time TBD (Additional information about this program will be forwarded via your email.)		

We are hoping to offer Parent Formation, several times this year. Once all details are finalized, we will provide that information to everyone.

We hope to have all parents attend.

Student's Name	Date of Birth	Fall 2023 Grade	School Attending	Formation Session
				Sunday
				Sunday
				Sunday

Photo Release: I hereby give my permission to St. Teresa of Calcutta to take photographs that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reproductions or any other processes for treatments necessary to make a photograph for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Guardian Signature: _____ Date: _____

☐ I do not give permission for my child to be photographed.

OVER





Formation & Discipleship Payment Work-

Last Name: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Please list all registered children and their grade below:

Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____

All payments are **PER CHILD, PER YEAR** with a maximum of \$405 total cost per parish member family. **Additional fees are not included in that maximum.** Installment plans are available to any family and **NO** family will be turned away because of financial difficulties.

I have ____ Student(s) in Preschool/Kindergarten	x \$135= _____
I have ____ Student(s) in Grades 1—5	x \$135= _____
I have ____ Student(s) in Grades 6-8	x \$135= _____
I have ____ Student(s) Grades 9—10	x \$135 = _____
I have ____ Student(s) in Confirmation (Grade 11)	x \$135* = _____
Tuition sub-total (Maximum \$405) = \$ _____	

Payment Plans

Pay tuition in **FULL** at registration

Pay tuition by **SEMESTER**
(Half at registration & half by 1/31/24)

Please contact us to discuss other arrangements. 262-966-7010

ADDITIONAL FEES:

\$15 Non-Parishioner Fee (Per Child) PARISH: X _____ students \$ _____

*A **Confirmation retreat fee** will be billed at a later date once final costs and fundraisers discounts are calculated.

Additional Fees sub-total = _____

Total (Tuition + Additional Fees) = _____

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Check # _____ Cash: Y N Initials: _____

Emergency Medical Treatment Form

These forms are stored separately from registration information and used only in case of emergency.

Parent/Guardian Information:

Father's Name: _____
First Last

Mother's Name: _____
First Last

Father's Cell # _____ **Mother's Cell #** _____

Home Phone: _____

Student Information:

Student First Name	Student Gender	Grade	Allergies, medications, and learning disabilities:
	M F		
	M F		
	M F		
	M F		
	M F		

Emergency Contact Information: *Other than Parent*

Name: _____
First Last

Relationship to Student: _____ **Phone #** _____

Health Insurance Information:

Please provide all of the below information. *Please Print Clearly.*

Insurance Company: _____

Health Insurance #: _____

Emergency Treatment:

In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital doctor.

Parent/Legal Guardian Signature: _____ Date: _____