

**** This form should not be used for high school Youth Program registration.**



**St. Monica Child Ministry
Registration Form
K4 — 8th Grade
2011-2012**

**For the lower fees
due by June 16**

Mother's Information: *PLEASE PRINT CLEARLY*

NAME First: _____ Last: _____

Street Address: _____

City: _____ ZIP: _____

EMAIL is REQUIRED: _____ @ _____

Home Phone: _____ Work/Cell: _____

Religion: _____ Occupation: _____

Father's Information: *PLEASE PRINT CLEARLY*

NAME First: _____ Last: _____

Street Address: _____

City: _____ ZIP: _____

EMAIL is REQUIRED: _____ @ _____

Home Phone: _____ Work/Cell: _____

Religion: _____ Occupation: _____

Is your family registered at St. Monica's? **Y** **N** **Parish Envelope Number:** _____ **** (non-parish member fees on reverse side)**

If not, do you plan on joining St. Monica's? **Y** **N** **If so, when?** _____

Child's Full Name	Sex	Date of Birth	Age in Sept. 2011	Grade	School Attending this fall	Sacraments Received		
						Bap.	Recon.	Euch.

Photo Release: By checking this box, you give St. Monica's permission to use pictures taken of your child during Christian Formation events on its publications. (Sunday School Newsletter, Monica Voice publication, etc.)

Special Learning Information: *If your child has special learning styles/needs, please write this information below. All tips help your child learn better and help our catechists teach to your child's strengths. (Any CD or LD information extremely helpful and kept confidential.)*

GRADE LEVEL Child Ministry PAYMENT INFORMATION:

Please read the following payment information below as it is particular to family size and grade levels.

All payments are PER CHILD PER YEAR with a **maximum of \$400 total cost per family** (9th & 10th grades included).
 Registration Fees are waived for catechists. (Please note that installment plans are available. No family will be turned away because of financial difficulties. Please inform Annette O'Brien, Administrative Assistant, at 414.964.8780, if either applies to you.

Grade Level	Parish Member (per child)	**Non-Parish Member (per child)	Number of Children
K4-8th grades	\$120 by June 16 (\$145 by August 16, \$170 by Sept. 16)	\$170	
	* <u>New families to the parish</u> pay the \$120 per child fee throughout the school year.		Total Fees: \$_____

I would like information on the _____ installment plan or on _____ waiving this year's fees. (If waived, please volunteer and donate an item from the enclosed Supplies "Wish List".)

I am a catechist for _____ grade and need my registration fees waived (sacramental fees are NOT waived) : *please initial* _____

I am paying by Cash: _____ **Check#:** _____ **for the amount of:** _____

Emergency Contact and Health Insurance Information:

Emergency Contact Name	Relationship to Family	Phone Number(s)

Family Physician or Clinic	Address (Street, City, Zip)	Phone Number	Family Health Insurance #

Please list any **health information** that might be needed by the CF staff or emergency personnel, i.e. allergies, chronic conditions, medications, etc.