

St. Charles Borromeo Religious Formation Registration for 2011-2012

7790 South 192nd St.
Gretna, NE 68028
402-916-9750
FAX-402-916-9740
www.stcharlesomaha.org

Last Name	Father's Name	Mother's Name
Home Address	City	Zip Code

Custodial care is with: Both Parents _____ Mother _____ Father _____ Other _____

Child's Name First & Last	Grade In School 11/12	School Attending 11/12	Please mark Sacraments Child has Received				Tuition -Fees outlined below	1st Choice Day/ Time	2nd Choice Day/ Time
			Bap.	Rec.	1st Com.	Conf.			
							\$		
							\$		
							\$		
							\$		

Class Times:

- **Grades 1-6:** Tuesdays at 4:30 pm or 6:00 pm
- **Grades 1-7:** Wednesdays at 4:00 pm or 6:00 pm
- **Grade 8:** Wednesdays at 6:00 pm only

(Please note: Classes will be 1 hour long.)

Tuition/Fees:

- **Grades 1-8:** \$95 / child
- (3 children or more = \$80 / child)

Tuition Total: _____

Sacramental Preparation Fee:

- **First Communion:** Grade 2 \$35: _____
- **Confirmation:** Grade 8 \$35: _____

Sacramental Fee Total: _____

If your child is receiving a Sacrament, please provide a copy of their baptismal certificate with this registration.

Would you like to make a contribution toward a child's Religious Formation who is unable to pay? Yes _____

Contribution Amount: _____

Family Total Due: _____

-Tuition Assistance is available. No child will be turned away due to financial circumstances.

Payment Options: (please circle option below) **Check #** _____ **Amount \$** _____

1. Payment in full.
2. Payment Split - half payment may be made at registration and the second half due by January 31st.
3. Tuition Assistance - form available at the R.F. Office. Please call 402-916-9750 to request a form.
4. Volunteer - upon approval of the submitted volunteer information form, the RF office will notify you of tuition waived.

Home Phone #	Father's Contact #	Mother's Contact #	Emergency Contact Name	Contact's Phone #
Family E-mail Address	Alt. E-mail Address (if needed)		Doctor's Name	Doctor's Phone #

(OVER)

Family Health Information:

So that we can better assist your child in the classroom, please list any health concerns or special needs your child has. Please include any accommodations that may need to be made while attending RF classes.

Does your child take any medications?

Consent to Contact Physician in an Emergency:

In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Charles Borromeo parish to contact the above named physician and, if necessary, transport my child to a clinic or hospital.

Parent's Signature:

_____ **Date:** _____

Permission to use Pictures/Parent Information Distribution:

I acknowledge that distribution of newsletters, parent information and handbooks will be through email and published on the R.F. website. Hard copies can be requested by contacting the R.F. Office. In addition, I hereby give St. Charles Borromeo permission to publish pictures of my child/children on the parish website or in parish publications.

(Please note: No names are ever included with any pictures that may be used for Religious Formation.)

Parent's Signature:

_____ **Date:** _____

**No child will be turned away due to financial circumstances.
If finances are a concern, please contact the Religious Formation office.**

**Registration in Religious Formation classes is limited to registered parishioners.
The pastor must approve special circumstances.**