

Registration Form 2020-2021

St. Clare Parish Discipleship Formation

2218 Day Street, Greenleaf WI 54126

Anne Stemper, Coordinator 864-2586 ext. 200 stclarefaith@stclareagw.org

*Please **complete both sides** of this form*

Family Information

Parent(s) _____ Phone: _____ 2nd phone: _____

Address: _____ City: _____ Zip: _____

Please provide your E-Mail: _____

Our family is a registered member of: ___ St. Clare Parish or ___ another parish: _____
(name of parish)

If applicable, second household information:

Child(ren) live with: ___ Both parents ___ Mother ___ Father Other: _____

Name: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Register by Grade

Grades 1-4:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Grade 5-8:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Grade 9-11:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Grade 12: Confirmation Preparation dates and time to be determined

Name: _____

Allergies, Medical or Other Concerns

Child's Name: _____ Grade: _____

Allergies, Medical or Other Concerns: _____

Child's Name: _____ Grade: _____

Allergies, Medical or Other Concerns: _____

Child's Name: _____ Grade: _____

Allergies, Medical or Other Concerns: _____

Media Waiver: I give permission to use photos from class or parish activities for parish publication purposes (i.e. bulletin, newsletter, or parish website - no names will be used). It is our policy **not** to communicate with children/youth via email or through social media unless you are notified prior to the communication and you give us written permission to do so. **Initial Here** _____

Payment Responsibility: I understand and agree to fulfill my financial commitment to St. Clare Parish with all payments being made by April 1, 2021. *Please note we will NOT turn any child away from the program because you are unable to afford the fees – we will work with all families on financial assistance.*

Please contact me or send me information regarding financial assistance.

Parent Signature: _____ **Date:** _____

Fees: *All Billing statements will be mailed from the Parish Bookkeeper in the Fall and will reflect Scrip Credits.*

- **Grades 1-11** Child(ren) of **Parish Member** - 1 Child - \$110 2 Children - \$220
3 or more Children - \$310

Additional Fess:

_____ Sacrament Prep Fee -1st Reconciliation/Communion - \$45

- **Grade 12** Child of **Parish Member** - \$45 Sacrament Prep Fee - *no additional registration fee is required.*
- **Grades 1-11** Child(ren) of **Non-Parish Member** \$160 per Child and any applicable additional fees.

2020-2021 Fees Worksheet

\$ _____ for ____ Children (1-11)

\$ _____ Sacrament Prep Fee

\$ _____ Subtotal

\$ _____ Scrip Credit

\$ _____ Catechist \$110 Credit

\$ _____ Total Due