

**St. Walter Children's Faith Formation Family Registration Form**

Date Received

|   |                  |                               |                                |                               |  |   |                      |
|---|------------------|-------------------------------|--------------------------------|-------------------------------|--|---|----------------------|
| <b>PARENT/GUARDIAN INFORMATION</b>  |                  |                               |                                |                               |  | <b>Traditional Program Tuition (Grades PK-8)</b>  |                      |
| <b>Family Name:</b>   |                  |                               |                                |                               |  | Before July 1   | After July 1         |
| Father's (First, Last) Name:  |                  |                               |                                |                               |  |   |                      |
| Mother's (First, Maiden) Name:  |                  |                               |                                |                               |  | One Child: \$195  | One Child: \$220     |
| Street:   |                  |                               |                                |                               |  | Two Children: \$245   | Two Children: \$270  |
| City: Zip:  |                  |                               |                                |                               |  | Three or More: \$295  | Three or More: \$320 |
| Primary Phone:  |                  |                               |                                |                               |  | <b>Registration Deposit</b>   |                      |
| Phone Option #2:  |                  |                               |                                |                               |  | <b>A \$50 registration deposit is required to process enrollments.</b>                                |                      |
| Primary E-mail:   |                  |                               |                                |                               |  |   |                      |
| E-mail Option #2:   |                  |                               |                                |                               |  |   |                      |
| Marital Status: SINGLE MARRIED SEPARATED DIVORCED OTHER                           |                  |                               |                                |                               |  | <b>Family Centered Tuition (Grades 1-6)</b>   |                      |
| Child(ren) reside(s) with BOTH PARENTS MOTHER FATHER                              |                  |                               |                                |                               |  | Families with children enrolled in our FCC program pay above tuition rates minus \$25 per FCC student |                      |
| <b>INFORMATION REQUESTED BELOW IS OPTIONAL</b>                                    |                  |                               |                                |                               |  |   |                      |
| Address of Parent Living in Separate Household: MOTHER or FATHER                  |                  |                               |                                |                               |  |   |                      |
| Street: City & Zip:   |                  |                               |                                |                               |  | <b>Sacrament Fees</b>   |                      |
| E-mail:   |                  |                               |                                |                               |  | First Reconciliation/Eucharist/Confirmation \$45 (Fee is applied in year 2 of preparation)            |                      |
| Custody/Living Arrangement Concerns:  |                  |                               |                                |                               |  |   |                      |
| <b>NEW STUDENT INFORMATION:</b>   |                  |                               |                                |                               |  |   |                      |
| Last Name (Oldest to youngest)  | First Name       | Sex M or F                    | Date of Birth                  | Baptized Y or N               | Church of Baptism                          | First Eucharist   | Date                 |
|   |                  |                               |                                |                               |  |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
| <b>CLASS SELECTION FOR GRADES PK THROUGH 6 (specify 1st, 2nd, and 3rd choice)</b> |                  |                               |                                |                               |  | Name of Public School and Grade in Fall   | R.E. Grade in Fall   |
| Child's Name (Oldest to Youngest)   | Returning or New | <b>A - Tues.</b> 4:30-5:45    | <b>B - Tues.</b> 6:15-7:30     | <b>C - Sat.</b> 9:00-10:15    | <b>FCC-Home Study</b> Wed. night one/month |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
| <b>CLASS SELECTION FOR CONFIRMATION (specify 1st, 2nd, and 3rd choice)</b>        |                  |                               |                                |                               |  | Name of Public School and Grade in Fall   | R.E. Grade in Fall   |
| Child's Name (Oldest to Youngest)   | Returning or New | <b>Level 1-Tue.</b> 6:15-8:30 | <b>Level 1-Sat.</b> 9:00-11:15 | <b>Level 2-Tue.</b> 6:15-8:30 | <b>Level 2-Sat.</b> 9:00-11:15             |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
|   |                  |                               |                                |                               |  |   |                      |
|   |                  |                               |                                |                               |  |   |                      |

**Important Note:**

Registration will not be processed until all sacramental and transfer records are received along with registration deposit. The higher tuition rate will be applied if records and/or deposit are submitted after August 15.

Students new to the program (other than incoming first graders) must provide Religious Education records from their previous Parish. This includes Parish name, address and grades attended/completed.

**MEDICAL PERMISSION FORM (Diocesan Policy)**

I grant permission for the administration of First Aid to my child by the people in charge of the St. Walter Children's Faith Formation Program and to those transporting my child to and from the activity as their judgment deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary.

|                                     |                |       |
|-------------------------------------|----------------|-------|
| Insurance Policy in Name of:        |                |       |
| Insurance Company:                  | Policy Number: | I.D.# |
| Authorized Physician:               | Phone #:       |       |
| Alternative Emergency Contact Name: |                |       |
| Home Phone:                         | Cell Phone:    |       |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Medical Information                  |                         |                        |
|--------------------------------------|-------------------------|------------------------|
| CHILD #1 NAME:                       |                         | Date of Birth:         |
| Medication Allergies/Other Allergies | Medications Being Taken | Special Needs/Requests |
|                                      |                         |                        |
| CHILD #2 NAME:                       |                         | Date of Birth:         |
| Medication Allergies/Other Allergies | Medications Being Taken | Special Needs/Requests |
|                                      |                         |                        |
| CHILD #3 NAME:                       |                         | Date of Birth:         |
| Medication Allergies/Other Allergies | Medications Being Taken | Special Needs/Requests |
|                                      |                         |                        |
| CHILD #4 NAME:                       |                         | Date of Birth:         |
| Medication Allergies/Other Allergies | Medications Being Taken | Special Needs/Requests |
|                                      |                         |                        |

| **FOR OFFICE USE ONLY** |                              |                             |              |
|-------------------------|------------------------------|-----------------------------|--------------|
| DEPOSIT RECEIVED        | SACRAMENTAL RECORDS RECEIVED | TRANSFER DOCUMENTS RECEIVED | FORM ENTERED |
| Date:                   | Date:                        | Date:                       | Date:        |