



ST. MICHAEL
P A R I S H
Schererville, Indiana

16 W. Wilhelm Street
Schererville, Indiana 46375
(219) 322-3077

FAITH FORMATION TUITION PAYMENT AGREEMENT 2021-2022

(Late Registration Fee \$50.00 after April 26, 2021)

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Family Last Name Parent Names **PHONE** (This # will be used for auto calls.)

Child's last name if different from parent

Name of person responsible for payment

Street Address City State Zip Code

Email Address (This email will be used for primary contact.)

PAYMENT PLAN OPTIONS FOR E.F.T.

CIRCLE OPTION A, B, or C to indicate your tuition payment schedule then choose a payment type:

Schedule A requires a single payment by cash, check, bank debit or credit card by August 15, 2021.

Schedule B requires 2 payments by cash, check, bank debit or credit card on August 15, 2021 and December 15, 2021.

Schedule C requires 4 payments by bank debit or credit card on August 15, 2021, October 15, 2021, December 15, 2021, and February 15, 2022.

Check ☒ appropriate for authorized fees:

Parishioners

One Child (T, W, G.S.) \$110.00
One Child (Family) \$90.00
Two Children (T, W, & G.S.) \$200.00
Two Children (Family) \$180.00
Three Children (T, W, & G.S.) \$280.00
Three Children (Family) \$260.00
Four + Children (T, W, & G.S.) \$340.00
Four + Children (Family) \$320.00

Non-Parishioners

One Child (T, W, & G.S.)
\$260.00 Non-Parishioner
Two Children (T, W, & G.S.)
\$350.00 Non-Parishioner
Three Children (T, W, & G.S.)
\$430.00 Non-Parishioner
Four + Children (T, W, & G.S.)
\$490.00 Non-Parishioner

Office Use

Check # _____
Tuition paid _____
Tuition bal. _____
Monthly amt. _____
Late Registration Fee _____

If I do currently meet the requirements of an active parishioner as stated in the Faith Formation Handbook, I understand that I must continue to be an active parishioner or I will be charged the non-parishioner fee of \$150.00.

Signature

Date

Automatic withdraw for withdraw from **checking account**
Please fill in banking information (**attach a voided check**)

Name on Account: _____

9 Digit Bank Routing #: _____

Bank Account #: _____

Automatic withdraw for **debit card/credit card**
Please fill in charge information (**Visa/MasterCard/Amex**)

Name on Card: _____

Card Number: _____

Exp. _____

Date: _____ Billing Zip Code _____

I authorize St. Michael the Archangel Church to process debit entries, credit card entries or checking account withdraws to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature as it appears on my card or account

Date

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STUDENTS:

First	Middle	Last	Grade	Date of Birth
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

FAITH FORMATION CLASSES—CIRCLE ONE:

Traditional Tuesday Traditional Wednesday Good Shepherd (Tuesday)
Family Program (Sunday)

- **Classes will be filled on a first-come, first serve basis.**
- **Class will be filled at 15 students maximum.**
- **Class placement is at the discretion of the Director of Religious Education.**
- **Future switching of class days will no longer be allowed. (Due to Covid-19)**

St. Michael the Archangel Faith Formation Permission for Media/Publications

I agree to give permission to St. Michael the Archangel Faith Formation and its affiliates to photograph my child(ren) during the 2021-2022 Faith Formation year. We understand that these images may be used in materials including but not limited to, parish bulletins, or on the St. Michael the Archangel Parish website. The child(ren)'s name(s) will not be identified with a photo. This permission extends for the duration of September 1, 2021 until August 31, 2022 and includes the child(ren) listed at the top of this page.

CIRCLE ONE: I AM I AM NOT **Allowing my child/children to be photographed and the image to be used for publications.**

IN CASE OF AN EMERGENCY OR IF I CANNOT PICK UP MY CHILD, I HEREBY AUTHORIZE THE FOLLOWING TO PICK UP MY CHILD:

NAME: _____ HOME: _____ CELL: _____

NAME: _____ HOME: _____ CELL: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form in the following ways:

- 1) Mail to the Faith Formation Office: 16 W. Wilhelm Street, Schererville, IN 46375.
- 2) Bring to the Faith Formation Office, located in St. Michael School, Door B, during the hours of 9:00 a.m.-3:00 p.m., Monday-Friday. There is a drop off box located to the right in the vestibule.
- 3) Drop in the drive-up mailbox located in the driveway next to the Parish Office (white building across the street from St. Michael School).
- 4) Email to www.khoogeveen@stmichaelparish.life