**St. Michael Faith Formation Program—2023-2024 Registration**

 **Late Registration Fee is $50.00 payable after April 19, 2023 □New Family □St. Joseph Parish**

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FATHER’S LAST NAME/FIRST NAME MOTHER’S LAST NAME/FIRST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS MAILING ADDRESS

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CITY, STATE, ZIP CITY, STATE, ZIP

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE This # used for auto calls. PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS This email used for primary contact. E-MAIL ADDRESS

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON PHONE

**STUDENTS ENROLLING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT NAME** **FIRST — MIDDLE — LAST** | **GENDER (M/F)** | **DATE OF** **BIRTH** | **GRADE****2023-****2024** | **TUESDAY****WEDNESDAY****OR SUNDAY CLASS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\* New students must provide Baptismal Certificate at time of registration. \***

**● Traditional Tuesday Meets Weekly 6:00-7:30 p.m.**

**● Traditional Wednesday Meets Weekly 6:00-7:30 p.m.**

**● Family Sunday Meets Monthly 9:30-11:00 a.m. (Parishioners only).**

**√ Must be a registered parishioner for 2 years to apply for Family Sunday class.**

**● All classes will be filled on a first-come, first-serve basis.**

**● The classes will be filled at 15 students maximum and 5 students minimum.**

**● Class placement is at the discretion of the Director of Religious Education.**

**PAYMENT PLAN OPTIONS FOR ELECTRONIC FUND TRANSFER**

**CHECK OPTION A or B to indicate your tuition payment schedule then choose a payment type:**

**□Option A:** Requires a single payment by cash, check, EFT debit or credit card by August 15, 2023.

**□Option B:** Requires 2 payments by EFT debit or credit card on August 15, 2023 & December 15, 2023.

**Check (√) appropriate for authorized fees:**

**Parishioners— Non-Parishioners—**

|  |  |  |  |
| --- | --- | --- | --- |
|  | One Child-Tuesday/Wednesday $110.00 |  | One Child-Tuesday/Wednesday $260.00 |
|  | Two Children-Tuesday/Wednesday $200.00 |  | Two Children-Tuesday/Wednesday $350.00 |
|  | Three Children-Tuesday/Wednesday $280.00 |  | Three Children-Tuesday/Wednesday $430.00 |
|  | Four + Children-Tuesday/Wednesday $340.00 |  | Four + Children-Tuesday/Wednesday $490.00 |
|  | One Child-Sunday Monthly $90.00 |  | **The above rates reflect a $150.00 out-of-parish fee.** |
|  | Two Children-Sunday Monthly $180.00 |  |  |
|  | Three Children-Sunday Monthly $260.00 |  |  |
|   | Four + Children-Sunday Monthly $320.00 |  |  |
|  | **Late Fee after 4/19/23 $50.00** |  | **Late Fee after 4/19/23 $50.00** |
|  | **TOTAL FEES: $** |  | **TOTAL FEES: $**  |

**PAYMENT TYPE:**

|  |
| --- |
| ***Office Use:***Check #\_\_\_\_\_\_\_\_\_\_\_\_\_Tuition Paid \_\_\_\_\_\_\_\_\_Tuition Bal \_\_\_\_\_\_\_\_\_\_Late Fee after 4/19 |

Automatic withdraw from **debit card/credit card—**

Please fill in charge information (**Visa/Master Card/Amex**)

|  |
| --- |
| Name on Card:  |
| Card Number:  |
| Exp. Date: Billing Zip Code: |

**I authorize St. Michael the Archangel Church to process *debit entries or credit card entries* to my account.**

**I understand that this authority will remain in effect until I provide reasonable notification to terminate the**

**authorization.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized signature as it appears on my card or account**

**TUITION PAYMENT AGREEMENT**

**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 per child.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ST. MICHAEL 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 2023-2024 Faith Formation year. We understand that these images may be used in promotional 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.**

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

**to be used for publications.**

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**Do you wish to volunteer as:** [ ]  **Catechist** [ ]  **Office Aide** [ ]  **Substitute** [ ]  **Parking Lot Guard**

[ ]  **Reconciliation Reception** [ ]  **Confirmation Retreat** [ ]  **Vacation Bible School**

**Are you Virtus trained? Yes / No—All adult volunteers must be Virtus trained. Please call Faith Formation office for more information, 219-322-3077.**