



2017-18 RELIGIOUS EDUCATION Tuition Form – All Families Fill Out

(Please fill out completely & note any changes)

PARENTS' NAME(s): _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 HOME PHONE #: _____ CELL PHONE (mom): _____ CELL PHONE (dad): _____
 EMAIL (mom): _____ EMAIL (dad): _____

If parents are divorced or separated, with whom is the child/ren living? _____

Person to call in case of illness/accident if parents cannot be reached:
 Name: _____ Relationship: _____ Phone: _____

STUDENTS REGISTERING FOR RELIGIOUS ED PROGRAM AT SACRED HEART ~ ST. PATRICK'S
 Pre K (Ages 3-4) Student's Name: _____ Kindergarten (Ages 5-6) _____

Student's Name: _____ Grade: _____ Student's Name: _____ Grade: _____
 Student's Name: _____ Grade: _____ Student's Name: _____ Grade: _____
 Student's Name: _____ Grade: _____ Student's Name: _____ Grade: _____

SPECIAL NEEDS
 Dietary: Y N Allergies: Y N Learning Disabilities: Y N Other: Y N
 Explain: _____

Parents/Guardians are needed to assist with Elementary, Middle and High School Programs! Would you be willing to be a volunteer? Y N If yes, we will contact you as needed.

TUITION COSTS:	Fees	Children	Total
First Child	\$60 *		\$60
Second Child	\$50 *		+
Additional child/ren	\$30 *		+
First Reconciliation & Eucharist Fee	\$15		+
Confirmation	\$25		
Total Tuition Due			=

Mail your payment along with this completed Tuition Form to: 322 Fulton Street, Eau Claire, WI 54703

Include the New Family registration form & Sacramental Form, if applicable.

Faith Formation is very important. No child will be denied Religious Education because of inability to pay.

Contact Michelle for Tuition Waiver information.
 #715.835-2693 or michelle@shspec.org

* Regis Catholic School students have met this requirement.

Payment Options:	
A. Full Payment	B. 1/3 due at Registration, 1/3 due by Nov. 1 st , 1/3 due by Feb. 1 st
For Office Use Only	
_____ Amount Paid _____	Date _____ Receipt _____ Balance Due _____
_____ Amount Paid _____	Date _____ Receipt _____ Balance Due _____
_____ Amount Paid _____	Date _____ Receipt _____ Balance Due _____