

OFFICE USE ONLY	Date Received _____	Registration # _____
Name _____	Amount _____	Check # _____ Date _____

**RELIGIOUS EDUCATION / YOUTH MINISTRY REGISTRATION
Tuition & Fee Schedule**

TUITION: Number of Students _____ X \$155.00 = _____ \$ _____
(Maximum Family Tuition Charge is \$375.00 - **EXCLUDES FEES**)

Donation to help defray costs _____ \$ _____
(Actual Cost per student = \$258.71)

Total Tuition \$ _____

DISCOUNTS:

Catechist (Teacher) Discount (less 50% off tuition only) \$ _____

Early Pay Discount (\$25.00 per family if paid in full by 6/30/10) \$ _____

Total Discounts \$ _____

FEES:

Sacramental Fees:
Grade 2, Genesis II and Confirmation II
 Number of Students _____ X \$40.00 = _____ \$ _____

Bible Fee for Grade 6 Students Only
 Number of Students _____ X \$20.00 = _____ \$ _____

Confirmation Gown Fee for Confirmation II Only
 Number of Students _____ X \$20.00 = _____ \$ _____
 (Gown purchase not necessary for families with prior purchase)

Retreat Fees for Confirmation I and Confirmation II
 Number of Confirmation I Students _____ X \$20.00 = _____ \$ _____
 Number of Confirmation II Students _____ X \$45.00 = _____ \$ _____

Total Fees \$ _____



TOTAL AMOUNT DUE (Tuition-Discounts+Fees) \$ _____

*For any REGISTRATION received after 6/30/10, the following late fees will apply:
(Late fees do not apply to new parishioners.) NO REGISTRATIONS ACCEPTED AFTER 9/20/10.*

Registration Date	Late Fee
7/1/10 - 8/20/10	\$25.00
8/21/10- 9/20/10	\$50.00

TOTAL WITH LATE FEES \$ _____

*****CORPUS CHRISTI'S POLICY IS THAT NO CHILD SHALL BE DENIED RELIGIOUS EDUCATION DUE TO FINANCIAL DIFFICULTY.*****

Should this be the case, please contact the RE Office at # (630) 483-4222 or the Business Office at #(630) 483-4673.

Family Name: _____
Father: _____ Mother: _____
Address: _____
City: _____ Zip Code: _____ Envelope Number: _____
Phone Numbers: Home () _____ - _____
Father's Cell () _____ - _____
Mother's Cell () _____ - _____

Student(s) live(s) with: *(Please check one)*
Parents: _____ Father: _____ Mother: _____ Other: _____
Father's Religion: _____ Mother's Religion: _____

In an emergency we may need to contact a third party. Please list an emergency person and their relationship to your child: _____
Emergency Contact Phone Number: () _____ - _____

E-Mail Address (for use in sending RE/YM information ONLY) _____

**WE MUST HAVE A COPY OF EACH STUDENT'S BAPTISMAL CERTIFICATE ON FILE,
AS WELL AS, A RECORD OF ANY OTHER SACRAMENTS RECEIVED.**

Please use a star (*) to indicate which is most important: Day, Time or Catechist (teacher)

STUDENT: _____ Birth Date: _____ Grade in Fall: _____
School in September: _____ Attended RE last year: Yes No Sex: M F
Health / Allergy Problems: _____
Preferred Day: _____ Time: _____ Catechist: _____
(Class availability is NOT guaranteed)

STUDENT: _____ Birth Date: _____ Grade in Fall: _____
School in September: _____ Attended RE last year: Yes No Sex: M F
Health / Allergy Problems: _____
Preferred Day: _____ Time: _____ Catechist: _____
(Class availability is NOT guaranteed)

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