



# Tuition and Payment Information

## Registration Due by Sunday, September 10, 2023

### Ministry Discounts

Faith Formation at St. Boniface is a volunteer based ministry. Due to this fact, discounts are given to families with parents active in this ministry. If you are a regular weekly volunteer (catechist, assistant catechist, office assistant, hall monitor, etc.) you are eligible to take the ministry discount (\$50 off your total tuition).

LINE	FEE	QUANTITY		AMOUNT		SUBTOTAL	TOTAL
1	Student(s) PARISHIONER 1 <sup>st</sup> Grade thru Confirmation		X	\$80.00	=	\$	
2	Student(s) NON-PARISHIONER 1 <sup>st</sup> Grade thru Confirmation		X	\$130.00	=	\$	
3	Calculate Total of Lines 1 and 2. If less than family cap amount (\$210 for parishioners, \$350 for non-parishioners) enter total on Line 3. Otherwise enter family cap amount.						\$
4	Additional Sacramental Fees (2 <sup>nd</sup> grade, Yr1 or Yr2 Confirmation)		X	\$70.00	=		\$
5	Ministry Discount (max. quantity of 1)		X	-\$50.00	=		-\$
<b>GRAND TOTAL DUE:</b>							<b>\$</b>

\*\*No one will be denied involvement in this program due to inability to pay the full tuition. If you need assistance, please contact the Faith Formation office at 952-446-1054 Ext:25 or e-mail [ljanas@saintboni.org](mailto:ljanas@saintboni.org)

**Emergency Information:** If a child needs emergency care, we will call 911 and notify parents immediately. No medical insurance is provided by the Parish or Archdiocese.

Contact person if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

**Parent Guardian Signature:** \_\_\_\_\_  
Name Date

We understand the Church of Saint Boniface Faith Formation policies and choose to enroll our children in the program and abide by these policies.

**Parent/Guardian Signatures:**

\_\_\_\_\_  
Name Date Name Date

\*\*In addition to this form, please fill out the **“Image Photo and Original Works Release”** form – **ONE (1) PER STUDENT**. Registration materials can be turned in to the office, dropped in the collection basket, or mailed to PO Box 68, St. Bonifacius, MN 55375\*\*

**FOR OFFICE USE ONLY:** Amount due: \_\_\_\_\_ Amount paid: \_\_\_\_\_  
Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Received: \_\_\_\_\_