Church of St. Boniface Faith Formation Registration 2023-2024 1st Grade through Confirmation

Parent Information

Mother

Father

	ne:				Na	ıme:				
(Last) (First)						(Las		(First)		
Address:					Ad	ldress (if di	fferent):			
Hon	ne Phone:				He	ome Phone:				
Work Phone: Cell Phone: E-Mail:					Work Phone: Cell Phone: E-Mail:					
Ok to share email with your child's catechist? Yes No				No	Ok to share email with your child's catechist?					
Reli	gion:				Religion:					
Regi	istered in Parish:	Yes)	Registered in Parish: ☐ Yes ☐ No					
Ifn	arents are separated, pl	anca ind	ienta enste	dial para	nt(c):					
-	ustodial parent is remar			-	` ′					
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			<u>S</u>	tudent	Inform	ation				
	Student(s): Sex Date of				tes of Sac	craments R		Grade		
#	First, Last Name	(M/F)	Birth	Baptism	Penance	Eucharist	Confirmation	School	(2023- 2024)	
1										
Alle	ergies, Medical Conditions, Specia	l Needs:								
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See Reverse Side for Tuition, Payment, and Emergency Contact Information

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		x	\$80.00	=	\$	
	1st Grade thru Confirmation					Ψ	
2	Student(s) NON-PARISHIONER		х	\$130.00	=	\$	
	1st Grade thru Confirmation						
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		X	\$70.00	=		\$
	(2 nd grade, Yr1 or Yr2 Confirmation)	^		Ψ/ 0.00			*
5	Ministry Discount		x	-\$50.00	<u>=</u>		-\$
J	(max. quantity of 1)			-\$50.00			Ψ
				GRAND	TO	TAL DUE:	\$
**	No one will be denied involvement in	this program o	due to	o inability to p	ay th	e full tuition. If	you need
assis	tance, please contact the Faith Formati	on office at 95	52-44	46-1054 Ext:2	5 or e	-mail <u>ljanas@s</u>	aintboni.org

Emergency Information: If a child needs emergency care, we will call 911 and notify parents immediately. No

medical insurance is provided by the Pa	arish or Archdi	ocese.	·				
Contact person if parents cannot be rea-	ched:						
Name:		Relationship:					
Cell Phone:		Alternate Phone:					
Family Physician's Name:		Phone:					
In the event of an emergency and I can	not be contacte	d, I hereby authorize that emo	ergency treatment be administered.				
Parent Guardian Signature:							
	Na	ame	Date				
We understand the Church of Saint program and abide by these policies		h Formation policies and c	hoose to enroll our children in the				
Parent/Guardian Signatures:							
Name	Date	Name	Date				
form – ONE (1) PER STU	J DENT . Re	egistration materials ca	d Original Works Release" n be turned in to the office, . Bonifacius, MN 55375**				
FOR OFFICE USE ONLY: Amount du	Je:	Amount paid:					

Date Received: