2009-2010 Registration for Returning Students

Please indicate each child presently enrolled in the S.F.X. Religious Ed Program and is returning for the next school year:

Family Last Name:_____

Returning Child's First Name_____, Grade (09/10) _____, Day School_____

Returning Child's First Name_____, Grade (09/10) _____, Day School_____

Returning Child's First Name_____, Grade (09/10) _____, Day School_____

Returning Child's First Name_____, Grade (09/10) _____, Day School_____

PLEASE CIRCLE the name of your child(ren) which may need special assistance / needs in the classroom and indicate the need on the back of this form.

** **Children Entering Program For First Time:** ** (if applicable)

New Child's First Name _____, Grade (09/10) _____, Day School _____

New Child's First Name _____, Grade (09/10) _____, Day School _____

PLEASE INDICATE YOUR SESSION PREFERENCE

(in order of preference: 1, 2, 3)

____Sunday, 9:00 -10:15 a.m. (Kdg - Grade 8) ____Wed., 4:00-5:15 p.m (Kdg- Grade 8) ___Wed., 6:15-7:30 p.m. (Grades 1 - 8)

*** Classes will be filled on a first-come, first-served basis. ***

Submitting your registration early increases your chance of getting into your preferred session.

PLEASE CHECK IF APPLICABLE:

_____ My child(ren) will not return to SFX for 2009/2010 school year (please use reverse of this form for specifics)

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TUITION FEES: (circle one)			**After May 31, 2009**			**SACRAMENTAL FEES:** (circle if applies)	
1 Child	**$ 185.00**		**1 Child**	**$195.00**		**Gr. 2**	**$ 40.00**
2 Children	**$ 245.00**	**+**	**2 Children**	**$255.00**	**+**	**Gr. 4**	**$ 35.00**
Family Plan	**$ 280.00**		**Family Plan**	**$290.00**		**Gr. 6** (Bible)	**$ 12.00**

Tuition $_____ (plus if applicable) Sacramental Fees $_____ = TOTAL $ _____

Payment enclosed: $_____ **(circle one) Deposit Full Payment**

Signature of Parent/Guardian:_____

Home Phone: ( )_____; Cell Phone: ( )_____

I prefer to be contacted at the following number: ( )_____

*****E-Mail Address:_____*****

Please initial below if you **DO NOT** give permission for your child/ren's picture(s) with name to be included in any of the following:

_____ Program newsletters _____ Community newspapers _____ Parish bulletins _____ Internet postings

THIS REGISTRATION FORM MUST BE RETURNED NO LATER THAN MARCH 18, 2009

You can return it by mail, or drop it off at either the rectory or Rel. Ed. Office

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For office use only: Amount Received Check No. Date Received Volunteer Form