

# Holy Trinity Religious Education Program • REGISTRATION • 2018-2019

## Gr. 1-Confirmation

749 Sixth Avenue South • South St. Paul, MN 55075 • 651-455-6004 • reled@holylrinityssp.org

Students to be registered (Last, First)	Birthday Month/ Day /Year	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's first & last name \_\_\_\_\_ Address \_\_\_\_\_

Mother's first & last name \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

If both parents do not live at the above address, please write the name of the parent/guardian who will be receiving correspondence at the above address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (Mom cell) \_\_\_\_\_ (Dad cell) \_\_\_\_\_

E-mail address: (parent/family) \_\_\_\_\_

Alternate Person to contact in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**First Day of Class: Wed., Sep. 12<sup>th</sup> Weekly Wed. Class Time: 6:30 – 7:45 pm\***

*Please register by August 15<sup>th</sup>*

\* Class time during the Lenten Season changes to 6:00 – 7:30 p.m. to allow for classes to attend Stations of the Cross

Tuition	1 Child	2 Children	3 + Children
<b>Parishioners</b>	\$100	\$150	\$200
<b>Non-Parishioners</b>	\$150	\$200	\$250

I have a child preparing to receive the Sacrament of Confirmation. I have included a **\$25 Confirmation fee** with my payment.

I have enclosed the **tuition payment in full**.

**Confirmation Fee:** If your child is in 8<sup>th</sup> grade or older and hasn't been confirmed, he/she will be preparing for the Sacrament of Confirmation. Please add a \$25 Confirmation fee to your tuition payment.



**Tuition Policy:** Parents/guardians agree to pay the tuition in full at the time of registration. If there is a financial hardship, we are happy to work with you on a payment plan. Please contact the director. If the financial arrangement is not kept, the parents/guardians will be asked to have the payments automatically withdrawn from checking, savings, or credit card. Parents/Guardians will be responsible for paying collection agency fees if applicable.

**Financial Assistance:** If tuition is a financial hardship for you, please contact our office for a Financial Aid Request form.

**Registration Policy:** A \$20 non-refundable fee is included in tuition. Families who are past due in their tuition from the previous year will not be eligible to register for this year until arrangements have been made with the director and/or the business administrator.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Sacrament Needs

Please complete this section if there is a special need of a Sacrament.

- Baptism:** Please list name(s) of child(ren) **in program** not yet baptized: \_\_\_\_\_
- Confession & First Communion:** Please list name(s) of child(ren) **grade 3 or higher** who are in need of these sacraments: \_\_\_\_\_

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## Medical / Learning Conditions

In order to better serve your family, please inform us of any condition that catechists and staff should know about your child concerning behavioral, learning, psychological conditions, physical ailments or special needs. Please repeat and update any information you have given us in the past. All information will be kept confidential.

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## Would you be willing to volunteer?

- CATECHIST** (granted full tuition for children in program)
- SUBSTITUTE CATECHIST** (partial tuition depending on # of times needed)
- CATECHIST ASSISTANT** (partial tuition)
- OFFICE ASSISTANT** (partial tuition)
- HALL MONITOR** (partial tuition)
- PRAYER PROJECT- listening to the children recite their prayers** (granted graces!)
- CATECHIST DINNER – serve and clean-up** (granted graces and a free meal)
- LAST NIGHT OF CLASS BINGO – set-up, serve treats, help younger students** (granted graces!)

Name \_\_\_\_\_

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<b>FOR OFFICE USE ONLY:</b> Tuition \$ _____
CHECK # _____ DATE _____ AMOUNT _____ BALANCE _____
CHECK # _____ DATE _____ AMOUNT _____ BALANCE _____