

**FAMILY INFORMATION**

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell/Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Cell/Work: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Both Parents Catholic?  Yes  No

<b>CLASS SESSIONS:</b>	<b>1. Elementary K-6</b>	<b>Wednesdays, 5:30 - 6:45 pm</b>
	<b>2. Junior High 7-8</b>	<b>Wednesdays, 7:00 - 8:30 pm</b>

**STUDENT #1 INFORMATION**

Child's Name: \_\_\_\_\_ **Catholic?**  Yes  No  
Gender:  Male  Female **Sacramental Details** Parish and date  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Allergies, Learning Disabilities, Physical Disabilities, etc.):

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**STUDENT #2 INFORMATION**

Child's Name: \_\_\_\_\_ **Catholic?**  Yes  No  
Gender:  Male  Female **Sacramental Details** Parish and date  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Allergies, Learning Disabilities, Physical Disabilities, etc.):

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**NOTE:** If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**CLASS SESSIONS:**    1. Elementary K-6                      Wednesdays, 5:30 - 6:45 pm  
                                 2. Junior High 7-8                      Wednesdays, 7:00 - 8:30 pm

**STUDENT #3 INFORMATION**

Child's Name: \_\_\_\_\_

**Catholic?**  Yes  No

Gender:  Male  Female

**Sacramental Details**      Parish and date

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Allergies, Learning Disabilities, Physical Disabilities, etc.):

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**STUDENT #4 INFORMATION**

Child's Name: \_\_\_\_\_

**Catholic?**  Yes  No

Gender:  Male  Female

**Sacramental Details**      Parish and date

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Allergies, Learning Disabilities, Physical Disabilities, etc.):

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**STUDENT #5 INFORMATION**

Child's Name: \_\_\_\_\_

**Catholic?**  Yes  No

Gender:  Male  Female

**Sacramental Details**      Parish and date

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Special Needs** (Allergies, Learning Disabilities, Physical Disabilities, etc.):

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**NOTE:** If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**St. Genevieve-St. Maurice Faith Formation**  
 29015 Jamison St., Livonia, MI 48154  
 734-261-5920

**Tuition & Volunteer Information**

**Term: 2018-2019**

**FEES**

**BOOK FEES:**

Grades K-8 \$20.00 per child

**SACRAMENTAL FEES:**

First Communion \$25.00

Confirmation \$45.00

*Book and Sacramental fees should be paid by September 26, 2018.*

**Total due \$**

Amount due _____
Amount due _____
_____

**TUITION**

**IN-PARISH TUITION:\***

\$100.00 One child  
 \$140.00 Two children  
 \$175.00 Three or more children

*\* In-Parish means that you are a registered parishioner at St. Genevieve-St. Maurice and are using your envelope on a regular basis.*

**OUT-OF-PARISH:**

\$135.00 One child  
 \$235.00 Two children  
 \$295.00 Three or more children

**HOME SCHOOL FEE:\***

\$ 25.00 Per child

*\* Plus Sacramental Fee/s, if applicable.*

Amount due _____
Amount due _____
Amount due _____
<b>Total due \$</b> _____

**St. Genevieve-St. Maurice Faith Formation  
 2018-2019 Tuition and Fee Agreement**

**FAMILY NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**LAST NAME OF CHILD/REN, IF DIFFERENT** \_\_\_\_\_

**NUMBER OF CHILDREN IN FAITH FORMATION** \_\_\_\_\_

**PARISH OF REGISTRATION** \_\_\_\_\_

**ENVELOPE NUMBER** \_\_\_\_\_

**Book & Sacramental Fees: Total due** \_\_\_\_\_ **Amt pd.** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Tuition: Total due** \_\_\_\_\_ **Amt pd.** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Tuition payment options:**

- Paid in full
- 8 monthly payments (September 2018 - May 2019) Payment amount: \_\_\_\_\_
- 4 bimonthly payments (Sept., Nov., Jan., Mar.) Payment amount: \_\_\_\_\_

**Please detach and return with registration form**

**Volunteer information on reverse side**

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***Volunteer information***

***I am able to volunteer for the following:***

\_\_\_\_\_ Substitute teacher

\_\_\_\_\_ Teacher's assistant

\_\_\_\_\_ Parking lot monitor - beginning and end of 1st session only

\_\_\_\_\_ Special projects

Please describe any special skills: \_\_\_\_\_

\_\_\_\_\_ Session 1 (5:30-6:45 pm)

\_\_\_\_\_ Session 2 (7-8:30 pm)

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

Phone # \_\_\_\_\_

Email: \_\_\_\_\_