

**Catholic Community of Owosso ~ St. Joseph / St. Paul Religious Education**

811 E. Oliver St. ~ Owosso, MI 48867 ~ 989.723.4765

**2017-2018 RELIGIOUS EDUCATION REGISTRATION FORM ~ GRADES 1-8**

Sunday ~ 10:45 AM - 12:00 PM at St. Joseph School

**FAMILY INFORMATION**

\_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_  
 Last Name                                      Father's First Name                                      Mother's First Name

\_\_\_\_\_ // \_\_\_\_\_  
 Mother's Maiden Name                                      Guardian if applicable

\_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_  
 Street Address                                      City                                      Zip Code

\_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_  
 Home Phone#                                      Cell Phone#                                      Emergency Phone#

\_\_\_\_\_ // \_\_\_\_\_  
 E-mail Address

**\*\* All communication will be through the REMIND APP, either by email or cell phone text.**

\_\_\_\_\_ // \_\_\_\_\_  
 Parish in which your family is registered                                      City

Parents' Religion      \_\_\_\_\_ // \_\_\_\_\_  
                                     Father                                      Mother

Child(ren) Name(s)      \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_  
                                     \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_

**FEE INFORMATION ~ DISCOUNT FOR EARLY REGISTRATION IS GIVEN**

**FULL PAYMENT ON or BEFORE SEPTEMBER 11th**

ONE CHILD                      \$75.00  
 TWO CHILDREN                \$150.00  
 THREE OR MORE               \$200.00

**REGISTRATION RETURNED AFTER SEPTEMBER 11th**

ONE CHILD                      \$80.00  
 TWO CHILDREN                \$160.00  
 THREE OR MORE               \$225.00

It is requested that all fees be paid by December 31st.

The entirety of fees are used to purchase textbooks, classroom and sacramental preparation materials. It is our consistent policy that **NO CHILD** will be denied religious formation due to financial reasons. Please contact Sharon Hardenbergh if conditions such as sickness, unemployment or other situations need to be considered.

**\*\*Please note TWO fee scales with a reduced rate for Registrations returned with Payment in FULL on or before September 11, 2017.**

**[FOR OFFICE USE ONLY]**

Number of Children Attending Classes \_\_\_\_\_  
 Total Fees Due for 2017-2018      \$ \_\_\_\_\_  
 Amount of Initial Payment            \$ \_\_\_\_\_                      Date Registration Returned \_\_\_\_\_  
 Balance Due                                \$ \_\_\_\_\_                      Ck# \_\_\_\_\_ Cash Amount \_\_\_\_\_  
 Final Payment                      Date \_\_\_\_\_ Ck# \_\_\_\_\_                      Rec'd by \_\_\_\_\_

**\*\*\*COMPLETE THE REVERSE SIDE OF THIS FORM WITH CHILD INFORMATION\*\*\***

**--OVER--**