Please print clearly

BASIC INFORMATION

Parent/ Guardian Name ____________________________

Daytime Phone ____________________________ email ____________________________

☐ cell  ☐ work  ☐ other  ☐ ok to text

Our family will have _______ child/ren registered in Faith Formation this 2020/2021 year

The full registration fee, without assistance, would be (see fee worksheet on reverse side) $____________________

Please complete the information below based on whether you are requesting a payment plan or financial aid.

Every family is asked to pay a minimum of $50 per child, if financially possible, with a family cap of $100

1. REQUEST FOR PAYMENT PLAN (If applying for this option, please choose one of the following plans)

1. Our family would like to establish a payment plan of $ _______ per month, beginning ________________

2. $ ______________ to be paid on these dates (please list specific dates) ________________

2. REQUEST FOR ☐ FULL OR ☐ PARTIAL FINANCIAL AID

Financial aid is not guaranteed as it is dependent on availability of donated funds

If partial, how much are you able to pay? $____________________

Our family is requesting financial assistance because (answer required): ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

PARENTS / GUARDIANS MUST SIGN BELOW:

Signature of Parent/Guardian ____________________________ Date

Rev 4/24/20