



# SAINT ROSE OF LIMA RELIGIOUS EDUCATION REGISTRATION 2019 - 2020

## STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ Prefer to Home School: Y N (Grades Pre - 8)

School in 2019-20: \_\_\_\_\_

- Confirmation: GRADE Level on 9/1/19 \_\_\_\_\_  Preschool AGE on 9/1/19 \_\_\_\_\_  
 Elementary/Middle School GRADE Level on 9/1/19 \_\_\_\_\_  Please Check If Student Has Special Needs? (Form to Follow.)

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School in 2019-20: \_\_\_\_\_

- Confirmation: GRADE Level on 9/1/19 \_\_\_\_\_  Preschool AGE on 9/1/19 \_\_\_\_\_  
 Elementary/Middle School GRADE Level on 9/1/19 \_\_\_\_\_  Please Check If Student Has Special Needs? (Form to Follow.)

Student(s) Reside With:  Both Parents  Mother  Father  Mother and Stepfather  
 Father and Stepmother  Foster Parents  Guardian  Other \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION (PLEASE PRINT CLEARLY AND FULLY COMPLETE THIS SECTION.)

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE TURN FORM OVER FOR TUITION AND SACRAMENTAL PREPARATION FEES.**

## 2019-2020 TUITION AND SACRAMENTAL PREPARATION FEES

### Tuition per Student:

**Sunday Preschool - Grade 1** \$85 x \_\_\_\_\_ = \_\_\_\_\_

**Grades 3-8** \$85 x \_\_\_\_\_ = \_\_\_\_\_

**Grade 2** \$110 x \_\_\_\_\_ = \_\_\_\_\_  
 (Includes \$85 Tuition and  
 \$25 Sacramental Preparation fee)

**Confirmation** \$155x \_\_\_\_\_ = \_\_\_\_\_  
 (Includes \$85 Tuition and \$70 Retreat Fee)



**Early Bird Rate:** If registered by August 1, 2019 subtract \$5.00 from each tuition \_\_\_\_\_

**Registered Parishioners may request tuition assistance by filling out the form included in this packet and returning it to the Religious Education Office. 651-646-8029**

**Religious Education Classes for Grades 2-8 and Confirmation Begin in September 2019**

**TUITION DEADLINES**  
 are:  
**SEPTEMBER 22, 2019**  
 for Confirmation  
**NOVEMBER 1, 2019**  
 For All Other Programs



**Sunday Morning Preschool and Grade 1 Classes begin in October, 2019.**

<b><u>FOR OFFICE USE ONLY</u></b>	Date Registration Received: _____
Entered in ACS:      Y/N	Paid \$ _____ on _____ with check # _____
	Paid \$ _____ on _____ with check # _____
	Paid \$ _____ on _____ with check # _____



# SAINT ROSE RELIGIOUS EDUCATION TUITION ASSISTANCE APPLICATION FORM 2019-2020 SCHOOL YEAR

*NO PARISH CHILD WILL BE DENIED A RELIGIOUS EDUCATION.*

In the event you are in need of financial assistance, this form must be completed to receive aid from the Tuition Assistance Fund. Please answer all questions.

All information is strictly confidential.

**PARENT/GUARDIAN INFORMATION:**      **FATHER/MALE GUARDIAN**      **MOTHER/FEMALE GUARDIAN**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Telephone \_\_\_\_\_

REGISTERED MEMBERS OF SAINT ROSE \_\_\_\_\_ Yes \_\_\_\_\_ No

**NAME OF EACH CHILD TO ATTEND SAINT ROSE RELIGIOUS EDUCATION IN 2019-20**

**STUDENT – FIRST NAME, LAST NAME**

**AGE / GRADE**

_____	[ ] [ ]
_____	[ ] [ ]
_____	[ ] [ ]
_____	[ ] [ ]

Religious Education Tuition due Saint Rose Parish for 2019-20.

\$	_____
\$	_____

Religious Education Tuition I/We can pay for 2019-20.

Please describe any special circumstances that affect Family Tuition Assistance needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION/CONFIRMATION**

I/We declare the information on this application is correct and complete to the best of my/our knowledge.  
I/We agree to provide additional information if questions should arise.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN THIS FORM TO THE RELIGIOUS EDUCATION OFFICE, IN THE PARISH CENTER.**