

St. Joseph's Catholic Church
Religious Education Department
522 Tower Avenue
P.O. Box 27
Kellnersville, WI 54215

Religious Education Fees:

Child's Family Name: _____

Student Name(s)/Grade: _____ / _____
_____ / _____
_____ / _____
_____ / _____

Sacrament Fees:

Grade 2 - 1st Reconciliation/1st Communion **ADD \$10.00** \$ _____
Grade 11 - Confirmation Fee **ADD \$40.00** \$ _____

Class Fees:

\$65.00 Member x _____ # students = Total Due \$ _____
\$80.00 Non-Member x _____ # students = Total Due \$ _____

TOTAL DUE \$ _____

Paid in Full: Check# _____ / Cash

Payment Plan Requested:

- 1) Make two (2) Payments due _____ September 2021 and _____ November 2021
- 2) Make four (4) Payments due _____ September 2021, _____ October 2021, _____ November 2021, and _____ January 2022

I, _____, will commit myself to making Payment Option (1) or Payment Option (2) to the Religious Education Program by the end of each corresponding month listed.
(please print)

Parent Signature

Coordinator Signature

If not paying in full, individual payments can be mailed to: St. Joseph's Catholic Church
Attn: Raquel Duescher
PO Box 27
Kellnersville, WI 54215

