

St. Wenceslaus Parish

Faith Formation Registration for 2017-2018

15353 Pacific St.
Omaha Ne 68154
Phone 402.330.1889
Fax 402.330.1476
www.stwenceslaus.org

Last Name	Father's Name	Mother's Name
Address	Father's Work Phone	Mother's Work Phone
City & Zip Code	Father's Cell Phone	Mother's Cell Phone
Home Phone	Father's Email Address	Mother's Email Address
Emergency Contact Name	Emergency Contact Phone	Additional Email if Desired

Are you currently a registered parishioner of St. Wenceslaus Parish? Yes No

Adult Faith Formation

St. Wenceslaus offers faith formation opportunities for adults. If you would like to receive informational emails from our Adult Faith Formation Office, please indicate below.

Name: _____ Email: _____

Child's Name First and Last	Grade 2017- 2018	M/F	School Attending 2017-2018	Please Mark Sacraments Child has Received (Please attach a copy of your child's baptismal certificate)				Allergies- Medical Conditions
				Bapt.	Rec.	1st Comm.	Conf.	
								Yes No
								Yes No
								Yes No
								Yes No
								Yes No

So that we can better assist your child in the classroom, please list any health concerns or special needs your child/ren have that we should be aware of:

Child's Name: _____ Medical/Allergy/Special Needs: _____

Child's Name: _____ Medical/Allergy/Special Needs: _____

Child's Name: _____ Medical/Allergy/Special Needs: _____

Consent for Emergency Treatment

Custodial care is: Both Parents _____ Father _____ Mother _____ Other (name) _____

In the event of an emergency, in which neither parent or emergency contact can be reached, I hereby authorize a representative of St. Wenceslaus Parish to obtain medical treatment for my child/ren.

Parent Signature: _____ Date: _____

Media Consent

In an attempt to share the accomplishments of our youth, the children and families participating in Faith Formation may be photographed or recorded for website, television, newspaper or radio coverage. In order for your child to participate, a permission form must be on record in the Faith Formation Office.

_____ I grant permission for my child(ren) to participate in any media/publicity activities

_____ I do not grant permission for my child(ren) to participate in any media/publicity activities

Parent Signature: _____ Date: _____

Children

Children

Faith Formation Tuition 2017-2018

Tuition Fees Per Child:

Grades Preschool thru 8th Grade

Before June 30th

\$ 85.00/child

After July 1st (Late Fee)

\$ 110.00/child

Before July 1st, 2017: \$85.00 x _____ (# of students) = \$ _____ Family Total Due

After July 1st, 2017: \$110.00 x _____ (# of students) = \$ _____ Family Total Due

We offer free tuition to our weekly volunteers. Please consider being a part of our Faith Formation team!

- * I would like to volunteer weekly as a Catechist, Asst Catechist, Childcare Staff, Office Staff or Traffic Control and my child/ren's tuition fees are waived. *Sacrament fees are not waived for any volunteer.
- * Please contact the Faith Formation Office for volunteer information, if you have not already done so.
- Tuition Assistance: Form is available in the Faith Formation Office. Please stop by or call 402.330.1889 to request a form.

Payment Options - Payment is Required at time of Registration

- **Cash:** Please include payment with registration form.
- **Check:** Please include check made payable to *St. Wenceslaus Church*.
- **Credit Card:** Please fill out the *credit card authorization* form below.
- **ACH Option:** Please fill out the *ACH authorization form* below.

Credit Card Authorization

Name on Card: _____

Card Number: _____

Expiration Date: _____

Address on card if different from registration form:

I hereby authorize St. Wenceslaus to initiate a credit card transaction and to initiate, if necessary, adjustments for any debit entry in error to my credit card on the 10th of the month on the credit card.

Signature _____

Please select a billing option:

- Pay in full on August 10th
- 4 monthly payments on the following dates: August 10, September 10, October 10, and November 10
- 8 monthly payments on the 10th of each month, beginning in August and ending in March.

ACH AUTHORIZATION

Please attach a voided check to form

Account Type: Checking Savings

Financial Institution: _____

Routing Number: _____

Account Number: _____

I hereby authorize St. Wenceslaus to initiate debit entry and to initiate, if necessary, debit entry adjustments for any debit entry in error to my checking/savings account on the 10th of the month at the financial institution indicated.

Signature _____

Please select a billing option:

- Pay in full on August 10th
- 4 monthly payments on the following dates: August 10, September 10, October 10, and November 10
- 8 monthly payments on the 10th of each month, beginning in August and ending in March.

Office Use Only

Cash _____ Check # _____ Date Rec'd _____ Amt Paid _____

Electronic Funds Transfer: _____ Payment Schedule: _____

Credit Card Payment: _____ Payment Schedule: _____

Tuition Assistance Applied: _____