

Religious Education Registration, Grades 1-11

St. Joseph, St. Stephen, St. Peter, & St. Casimir

2023-2024

Family Information:

Last Name_____

Address_____

Home Phone: _____ Family E-Mail_____

Parish of Membership: ☐ St. Joseph ☐ St. Stephen ☐ St. Peter ☐ St. Casimir ☐ Other: _____

Emergency Contact Name_____ Phone_____

Father ☐ Single ☐ Married ☐ Divorced ☐ Deceased

Name_____

Work Phone_____ Cell Phone_____

Please complete below, only if different from above:

Religion_____ Parish_____

Mailing Address_____

Home Phone_____

Mother ☐ Single ☐ Married ☐ Divorced ☐ Deceased

Name_____

Work Phone_____ Cell Phone_____

Please complete below, only if different from above:

Religion_____ Parish_____

Mailing Address_____

Home Phone_____

Student Information

Child 1

☐ Male ☐ Female

Last Name_____ First Name_____ Middle Name_____

Birthdate_____ CCD Grade _____ School_____

Health Considerations:

Child 2

☐ Male ☐ Female

Last Name_____ First Name_____ Middle Name_____

Birthdate_____ CCD Grade _____ School_____

Health Considerations:

Child 3☐ Male ☐ Female

Last Name _____ First Name _____ Middle Name _____
 Birthdate _____ CCD Grade _____ School _____
 Health Considerations: _____

Child 4☐ Male ☐ Female

Last Name _____ First Name _____ Middle Name _____
 Birthdate _____ CCD Grade _____ School _____
 Health Considerations: _____

Class Location: Please note that the below information is tentative, a final schedule will be sent in August.

Grades 1-8 meet from 6:15 p.m. to 7:30 p.m. at St. Stephen on Wednesdays

Grades 9-11 will be held on Sunday evenings

Cancellation Notification: Classes will be cancelled if the Stevens Point School District is closed, closes early, or cancels after school activities. Notification will be posted on parish websites at www.PointCatholicFaith.org.

Permissions

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Family Doctor: _____ Phone: _____

Signature: _____ Date: _____

Permission to Use Student Photos: I consent that my child's image may be used for program purposes, parish use, and/or social media.

Signature: _____ Date: _____

Permission for events held at St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point: I hereby give permission for my registered child(ren) to participate in events & activities that are held at **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point** schools & churches. I agree to defend, protect, indemnify and hold harmless **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point, the Diocese of La Crosse & its Bishop** against & from all claims arising from the negligence or fault of the participant that causes damage to property or injury to others.

Signature: _____ Date: _____

Rates & Fees: The real cost of Religious Education per child is \$450. To invest in our children, our parishes subsidize that cost. Our tuition is:

Parishioner Rate (St. Joseph, St. Stephen, St. Peter, St. Casimir):**Early Bird Registration—Received by May 15**

- \$60 for one child, \$90 for two, \$120 for 3 or more

After May 15

- \$75 for one child, \$110 for two, \$150 for 3 or more.

Non-Parishioner Rate:

- \$225 per child

Total Due: \$ _____

Make checks payable to: St. Stephen Parish

Mail to: Point Catholic Religious Ed, 1401 Clark St., St. Pt., WI 54481

Tuition assistance available, contact Pastor.

Office use:

Date Received: _____

Payment:

☐ Cash

☐ Check # _____

Amount Pd: _____

Spreadsheet: _____

PS Corrections: _____