

# Faith Formation Registration 2011-2012

St Victoria Parish Family 8228 Victoria Dr, Victoria MN 55386 (952)443-2661

Parent's Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_ Registered Member at St. Victoria? Y N  
Last First

Parent's Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_ Registered Member at St. Victoria? Y N  
Last First

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
(Best Email for monthly information and updates)

List all children below and check which activities apply to each child:					Catholic Sacraments Already Received				Session Requested			Circle the fee below for the sacrament you want your child to PREPARE for this year: <small>(In addition to tuition fee)</small>		
Student's First Name (and Last if different than parent)	Grade 2011-2012	Catholic School Student Y/N	M F	Date Of Birth	Baptism	Reconciliation	1st Communion	Confirmation	Wed. 5 p.m. Session (Gr. K-8)	Wed. 6:30 p.m. Session (Gr. K-8)	Wed. 7:45 p.m. (Gr. 9 & 10 Only)	1st Reconciliation	1st Communion	Confirmation
												\$50	\$60	\$120
												\$50	\$60	\$120
												\$50	\$60	\$120
												\$50	\$60	\$120

*If you are receiving a sacrament this year, please bring or send a photocopy of Baptism certificate along with this registration form.*

Children live with:  Both Parents  Mother  Father  Other (Please explain): \_\_\_\_\_

Emergency Contact – Name and phone: \_\_\_\_\_

List special needs here (example: Suzy takes allergy meds): \_\_\_\_\_

**Volunteers:** For NO Registration Fee information see back of form, however, **everyone pays the sacramental fees.** (Please note which session you are volunteering for.)

Team-Teach: I would like to team teach with: \_\_\_\_\_ (Optional) Grade \_\_\_\_\_ (Gr. K-10)

Permanent Sub Grade \_\_\_\_\_ (Gr. K-10)  Childcare Grade \_\_\_\_\_ (Gr. K-8 only)  Hall Monitor/Support Minister Grade \_\_\_\_\_ (Gr. K-10)

### Early Bird Fee

(Received in parish office by August 1, 2011)

Tuition: \$75 X \_\_\_\_\_ participants = \$ \_\_\_\_\_  
 (\$225 cap per family for tuition only)

Sacramental Fee: (above) = \$ \_\_\_\_\_

**TOTAL**(Tuition Fee + Sacramental Fee) = \$ \_\_\_\_\_

### Regular Fee

(Received in parish office after August 2, 2011)

Tuition: \$80 X \_\_\_\_\_ participants = \$ \_\_\_\_\_  
 (\$240 cap per family for tuition only)

Sacramental Fee: (above) = \$ \_\_\_\_\_

**TOTAL**(Tuition Fee + Sacramental Fee) = \$ \_\_\_\_\_

### Non-Parishioner Fee

Tuition: \$150 X \_\_\_\_\_ participants = \$ \_\_\_\_\_

Sacramental Fee: (above) = \$ \_\_\_\_\_

**TOTAL**(Tuition Fee + Sacramental Fee) = \$ \_\_\_\_\_

Office Use Only: Date \_\_\_\_\_ Paid \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_ Amount Due \_\_\_\_\_ Date Billed \_\_\_\_\_ CW Entry \_\_\_\_\_ Copy to YM \_\_\_\_\_ SS \_\_\_\_\_

**Full Tuition Costs for all enrolled students from one family are waived only for the following Full-Time Faith Formation volunteers:**

- **Full-time teacher:** a volunteer who fulfills the responsibility of being in the classroom every week of the Faith Formation calendar. (Grades K-10)
- **Permanent substitute:** a volunteer who is on-site every week and committed to teaching in the event of a teacher's unscheduled absence. (Grades K-8)
- **Childcare:** a volunteer who supervises and cares for the children of the other Wednesday night volunteers. (Grades K-8)
- **Hall monitor:** a volunteer who is on site every week and monitors halls, maintains attendance records and other duties as assigned and is backup to permanent substitute. See above description (Grades K-6)
- **Support Minister:** A volunteer who is available to substitute for teachers and can provide program support to youth ministry. (Grades 7-10)

<b>Charge Card Payments:</b>	<b>St. Victoria Envelope #</b> _____ (If known)
Please charge my fee to my (check one):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
In the Amount of \$	_____
Credit Card #	_____ Expiration Date _____
Name on Card	_____
Billing Address	_____
I authorize St. Victoria Catholic Church and Vanco Services, LLC to charge my credit card in accordance with the information I provided above.	
Signature (as it appears on the credit card):	_____ Date: _____

**Parental Agreement/Hold Harmless/Consent to Treat Statement**

I/we the undersigned parent(s)/guardians(s) of the child/children recognize that St. Victoria Catholic Church agrees to provide my/our child with Faith Formation classes according to published schedules and policies. In consideration of St. Victoria Catholic Church providing said service to my/our child, I/we hereby agree to abide by published terms and conditions. In the event of an emergency and I/we cannot be reached, I/we grant authorization for any necessary medical procedures that must be performed on my/our child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attach payment to registration form OR complete the charge card payment information**

**Registration Deadline: September 12, 2011**

**\$20 late fee will be added if you register after September 12<sup>th</sup>.**

If unable to make payment or questions regarding payment, contact Joni Jeurissen in the parish office at 952-443-2661 or email [jjeurissen@stvictoria.org](mailto:jjeurissen@stvictoria.org) (Scholarships are available)

**Amy Kusber**, Director of Formational Ministries, Grades K-8, 1<sup>st</sup> Reconciliation, 1<sup>st</sup> Communion, [akusber@stvictoria.org](mailto:akusber@stvictoria.org), 952-443-2661 X33

**Joni Wohl**, Assistant Director of Faith Formation Grades K-8, [jwohl@stvictoria.org](mailto:jwohl@stvictoria.org), 952-443-2661 X12

**Nick Tofteland**, Youth Ministry/Confirmation, [ntofteland@stvictoria.org](mailto:ntofteland@stvictoria.org), 952-443-2661