

2023-2024 St. Mary of Vernon Parish Religious Education Program and Youth Ministry Confirmation

Student Name _____ PREP Grade 2023-24 _____ Gender _____
Last First

Date of Birth _____ Parents' Last Name (if different from student) _____

2023-24 Class Sessions

Kindergarten - High School

_____ Sunday Morning: 9:00am - 11:00am (PREP GRADES K-6)

_____ Sunday Evening: 6:00pm - 8:00pm (CHI RHO 7, 8/CHI RHO HIGH SCHOOL)

_____ Monday After School: 4:30pm - 6:30pm (PREP GRADES 1-6)

<u>TUITION</u>	<u>BEFORE 6/1</u>	<u>AS OF 6/1</u>	
1 Child	\$240	\$290	_____
2 Children	\$360	\$410	_____
3 Children (or more)	\$480	\$530	_____
<u>ADDITIONAL FEES</u>			
Books & supplies (per student)	\$ 45 x _____	= _____	
Grade 5/HS Bible	\$ 35	_____	
First Eucharist	\$ 50	_____	
Confirmation—year I	\$ 35	_____	
Confirmation—year II	\$ 50	_____	
Donation	_____	_____	
Total 2023-24 Tuition and Fees	_____	_____	

ALL OUTSTANDING BALANCES MUST BE PAID BEFORE REGISTRATION CAN BE PROCESSED.
PAYMENT MUST BE MADE AT TIME OF REGISTRATION.

TUITION PAYMENT OPTIONS

1. **Preferred** - Full Payment at time of registration: Cash, Check, Credit/Debit or online using GiveCentral
2. **Deferred Payment Plan (must fill out Automatic Credit Authorization Form):**
1/3 due at registration; 1/3 due May 11th; 1/3 due July 13th

Note: In case of financial difficulty, adjustments can be made—see office.

OFFICE USE ONLY

OUTSTANDING BALANCE	\$ _____
FAMILY TOTAL DUE	\$ _____
PAYMENT	\$ _____
BALANCE	\$ _____
<input type="checkbox"/> CHECK # _____	DATE _____
<input type="checkbox"/> CASH _____	PROCESSED BY _____
<input type="checkbox"/> CREDIT _____	PARISH ID _____
# OF CHILDREN IN PREP _____	GRADES _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Address: _____ Primary Email: _____

City, State, Zip: _____ Alternate Email: _____

Mother's Maiden Name: _____ Child lives with: _____

Parents are: Married _____ Separated _____ Divorced _____ Single _____ Remarried _____ Widowed _____

SACRAMENTS RECEIVED (Please write in **YES** or **NO**)

Baptism _____ Eucharist _____ Confirmation _____

Parish of Baptism: _____

Parish of First Eucharist: _____

PHOTO RELEASE FOR MINORS - Photographs or videos used on parish bulletin boards, newsletters, social media, and on the parish website. No personal information or student names will be used.

_____ It is permissible to use my son's/daughter's photograph or video on parish communication described above.

_____ I do not give my consent to have photographs or video of my son/daughter used by St. Mary of Vernon in any way.

PUBLIC SCHOOL INFORMATION (for September 2023)

Grade: _____ School Attending: _____

Parental Pledge for Success and Medical information on the back of this form must be completed at time of registration.

Registration cannot be processed if both sides are not filled out completely.

PREP Parental Pledge for Success

2023-24

Families involved in PREP are expected to give of their time, talent and treasure. All three are necessary to support and maintain our formational ministry to young people. The success of any Religious Education Program depends on the responsibility taken by, interest of, and support given by you, the parents. We cannot stress the importance of this enough. "YOU ARE THE FIRST TEACHERS OF FAITH."

Please choose at least one of the following areas:

_____ Catechist/Teacher - PREP Grades K-6 (*ONLY LEAD CATECHISTS/TEACHERS RECEIVE FREE FAMILY TUITION.*)

_____ Catechist/Teacher - Chi Rho Program (*ONLY LEAD CATECHISTS/TEACHERS RECEIVE FREE FAMILY TUITION.*)

_____ Assistant Catechist/Teacher.

_____ Substitute Catechist/Teacher. (*Please note that a prepared lesson plan will be provided to you*)

_____ Office Helper or Hall Monitor.

_____ Parking Lot Safety Team (*Sunday Mornings*)

_____ Youth Ministry High School Parent Volunteer.

_____ Youth Ministry Hospitality Team.

_____ Children's Liturgy of the Word (*CLOW*) Team.

_____ Parent Workshop Team.

_____ Donation for those who are in need of assistance. (*Please include with registration*)

You will be contacted as needed.



*"We can do no great things,
only small things with great love."*

- Mother Teresa

St. Mary of Vernon Religious Education 2023-24 MEDICAL INFORMATION: AUTHORIZATION FOR MEDICAL TREATMENT

2/23

MEDICAL / EMERGENCY INFORMATION

STUDENT NAME: _____ DATE OF BIRTH: _____ TETANUS CURRENT Y/N: _____

Medical allergies / conditions:

Medical Insurance Company:

Physician Name:

Insurance/Group #:

Physician Phone:

Mother's Name

Father's Name

Emergency Contact (other than parent)

Primary Phone Number

Primary Phone Number

Relationship _____

Alternate Phone

Alternate Phone

Primary # _____

Alternate # _____

MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education, Youth Minister or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary. This release is in place during the time my (our) child is present for Religious Education class, Youth Ministry session and/or special events at St. Mary of Vernon.

Parent / Guardian Signature _____ Date _____