



THE HOLY ROOD  
COLLABORATIVE

# Family Faith Formation Program 2024/25

## PAYMENT WORKSHEET AND INFORMATION SIDE 1

St. John the Evangelist, St. Mary and St. Margaret of Scotland

phone: (978) 256-2374 website: [www.theholyrood.org](http://www.theholyrood.org)

### WHAT DO I OWE?

- If you register by May 6th, your name will be entered to win \$125 towards your family's registration fees
- Early Registration Fees end May 31st.
- Registration fees are non-refundable

#### STANDARD REGISTRATION FEES

\$175 1 Child (after 5/31)  
\$260 2 Children (after 5/31)  
\$290 3 or more Children (after 5/31)

#### EARLY REGISTRATION FEES

(\$125 before 6/1) \$ \_\_\_\_\_  
(\$210 before 6/1) \$ \_\_\_\_\_  
(\$240 before 6/1) \$ \_\_\_\_\_

**SUB-TOTAL = \$** \_\_\_\_\_

**Mentor/Facilitator Volunteer Discount** (deduct \$125) - \$ \_\_\_\_\_

**Non-Mentor/Facilitator Volunteer Discount** (deduct \$50) - \$ \_\_\_\_\_

**SUB-TOTAL = \$** \_\_\_\_\_

**Add** \$50/child—First Eucharist (typically Grade 2) + \$ \_\_\_\_\_

**Add** \$50/child—Confirmation I (typically Grade 9) + \$ \_\_\_\_\_

**Add** \$50/child—Confirmation II (typically Grade 10) + \$ \_\_\_\_\_

**Add** Optional Scholarship Fund Donation + \$ \_\_\_\_\_

**TOTAL AMOUNT DUE = \$** \_\_\_\_\_

### HOW DO I PAY?

#### ONLINE

Using a credit card or bank account number, you can pay in full or in multiple payments via our online giving options. From the homepage of our website—[www.theholyrood.org](http://www.theholyrood.org)—please click on the following:

- St. John\*: the WeShare icon for the link and directions
- St. Mary\*: the Online Giving icon for the link and directions
- St. Margaret: the VANCO icon for the link and directions
- Please DO NOT use 'anonymous' when making your payment

*\*Both St. John and St. Mary offer a quick give option. If you plan on making multiple payments, we suggest setting up an account.*

*\*If you pay online, you will receive a receipt via email*

#### CHECK OR CASH

- Checks and Money Orders should be payable to the parish at which you are registering your child(ren).  
**St. John the Evangelist, St. Mary OR St. Margaret of Scotland.** They can be mailed to:

The Holy Rood Collaborative  
Faith Formation Office  
115 Middlesex Street • North Chelmsford, MA 01863

- Check or Cash payments may also be dropped off in-person to the parish offices (address above) or into the secure black drop boxes—emptied daily by our staff—located at the front door of the parish offices, the side door at St. Margaret rectory or at the handicap entrance at St. Mary Church. *For cash please include your name and the parish at which you are registering your child(ren) for faith formation.*
- To set up a payment plan or to request financial aid for any parish, please refer to the reverse side of this document.

**Please do NOT delay in submitting your registration due to finances! No deposit is required.**  
**Payment plans can be made, and some financial aid may be available. No family will be refused because of finances.**



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## PAYMENT WORKSHEET AND INFORMATION SIDE 2

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### THE INFORMATION PROVIDED ON THIS FORM WILL BE KEPT CONFIDENTIAL

Please select the parish at which your family will be registered  
for Faith Formation this year:

☐ St. John ☐ St. Mary ☐ St. Margaret of Scotland

### OFFICE USE ONLY

Date Rec'd \_\_\_\_\_ Minimum Rec'd on \_\_\_\_\_

Amount Rec'd CHECK CASH \$ \_\_\_\_\_

Payment Plan Approved (see below) \_\_\_\_\_

Aid Awarded \_\_\_\_\_ Award Amount \$ \_\_\_\_\_

Family Notified Date \_\_\_\_\_

### BASIC INFORMATION *please print clearly*

Parent/ Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ email \_\_\_\_\_  
☐ cell ☐ work ☐ other ☐ ok to text

Our family will have \_\_\_\_\_ child/ren registered in 2023/24 Family Faith Formation year

The full registration fee, without assistance, would be (*refer to fee worksheet on reverse side*) \$ \_\_\_\_\_

Please complete the information below if you are requesting a payment plan and/or financial aid.  
**Every family is asked to pay a minimum of \$50 per child, if financially possible, with a family cap of \$100**

### 1. REQUEST FOR PAYMENT PLAN (*If applying for this option, please choose one of the following plans*)

a. Our family would like to establish a payment plan of \$ \_\_\_\_\_ per month, beginning \_\_\_\_\_  
month, day, year

b. \$ \_\_\_\_\_ to be paid on these dates (*please list specific dates*) \_\_\_\_\_

### 2. REQUEST FOR ☐ FULL ☐ PARTIAL FINANCIAL AID

*Financial aid is not guaranteed as it is dependent on availability of donated funds*

If partial, how much are you able to pay? \$ \_\_\_\_\_

Our family is requesting financial assistance because (*answer required*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTS / GUARDIANS MUST SIGN BELOW:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date