



**Eucharist 1**

# St. Pius V Catholic Church

Faith Formation Registration Form 2017/2018

St. Pius V Catholic Church 714-522-3971

7691 Orangethorpe Avenue, Buena Park CA 90621

**Basic Registration Fees are due and payable at the time of Registration**

Mother's First Name: \_\_\_\_\_ Father's First /LastName: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parish Envelope # \_\_\_\_\_ Notes: \_\_\_\_\_

**Please circle the response to indicate whether your child has or has not received the sacraments listed.**

Student's Name	Gender M/F	DOB	Grade they'll be entering	Baptized Catholic	Sacrament of Reconciliation	First Holy Eucharist
				Yes / No	Yes / No	Yes / No

## Fee & Payment Information

<p><b><u>Religious Education Sessions – Elementary Program</u></b></p> <p>_____ \$65.00 PER CHILD ( <b>Sacrament Prep</b>) Number of children registering _____</p> <p>_____ \$85.00 PER CHILD (non-parishioner) <b>Prep</b> Number registering _____</p> <p>Families who are not registered members of St. Pius V parish are charged an additional \$20.00 per child. <b>Out of Parish families pay all fees in full at time of registration.</b></p> <p><b><u>Additional Siblings in the program:</u></b></p> <p>1. _____ 2. _____</p> <p>3. _____ 4. _____</p>	<p>Enter Total for the session fee(s): \$ _____</p>
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<b>Tuesday Afternoon</b> 5:00 -6:00 PM	<b>Thursday Evening</b> 7:15-8:15 PM	<b>Youth RICA – Thursday Evening</b> 7:15 -8:15
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Student Name: \_\_\_\_\_

Room# \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parent Phone # ( ) \_\_\_\_\_ Emergency # ( ) \_\_\_\_\_

**The following items were provided at Registration:**

- Baptismal Certificate – MUST have a copy
- Emergency Form completed/updated
- Needs Sacrament (Youth RCIA) Needs copy of Birth Certificate
- Photo needs to be current
- Parent Contract

Total Amount \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Remaining Balance \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_

Financial Hardship \$ \_\_\_\_\_ Reduce Fee \$ \_\_\_\_\_ Work Credit \$ \_\_\_\_\_

**PAYMENT INFORMATION/ Eucharist 1 or 2 - Post Sacrament**

PAID IN FULL

PAYMENT	DATE	RECEIVED BY	BALANCE