

**ST. MICHAEL FAITH FORMATION TUITION PAYMENT AGREEMENT
2020-2021**

(Late Registration Fee \$30.00 after July 1, 2020)

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Family Last Name Parent Names **PHONE (This # will be used for auto calls.)**

Child's last name if different from parent *Name of person responsible for payment*

Street Address City State Zip Code

Email Address

PAYMENT PLAN OPTIONS

CIRCLE OPTION A, B, or C to indicate your tuition payment schedule then choose a payment type:

Schedule A requires a single payment by cash, check, bank debit or credit card by August 15, 2020.

Schedule B requires 2 payments by cash, check, bank debit or credit card on August 15, 2020 and December 15, 2020.

Schedule C requires 4 payments by bank debit or credit card on August 15, 2020, October 15, 2020, December 15, 2020, and February 15, 2021.

Check appropriate for authorized fees:

Parishioners

_____ One Child (T, W, G.S. & F) \$110.00
_____ Two Children (T, W, & G.S.) \$200.00
_____ Two Children (Family) \$180.00
_____ Three Children (T, W, & G.S.) \$280.00
_____ Three Children (Family) \$260.00
_____ Four + Children (T, W, & G.S.) \$340.00
_____ Four + Children (Family) \$320.00

Non-Parishioners

_____ One Child (T, W, & G.S.)
\$260.00 Non-Parishioner
_____ Two Children (T, W, & G.S.)
\$350.00 Non-Parishioner
_____ Three Children (T, W, & G.S.)
\$430.00 Non-Parishioner
_____ Four + Children (T, W, & G.S.)
\$490.00 Non-Parishioner

Office Use

Check # _____
Tuition paid _____
Tuition bal. _____
Monthly amt. _____
Late Registration
Fee _____

If I do currently meet the requirements of an active parishioner as stated in the Faith Formation Handbook, I understand that I must continue to be an active parishioner or I will be charged the non-parishioner fee of \$150.00.

Signature

Date

Automatic withdraw for withdraw from **checking account**
Please fill in banking information (**attach a voided check**)

Name on Account: _____

9 Digit Bank Routing #: _____

Bank Account #: _____

Automatic withdraw for **debit card/credit card**
Please fill in charge information (**Visa/MasterCard/Amex**)

Name on Card: _____

Card Number: _____

Exp. / Date: _____ Billing Zip Code _____

I authorize St. Michael the Archangel Church to process debit entries, credit card entrie or checking account withdraws to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature as it appears on my card or account

Date

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STUDENTS:

First	Middle	Last	Grade	Date of Birth
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___

FAITH FORMATION CLASSES

CIRCLE ONE: **Traditional Tuesday** **Traditional Wednesday** **Good Shepherd (Tuesday)**
Family Program (Sunday)

St. Michael the Archangel Faith Formation Permission for Media/Publications

I agree to give permission to St. Michael the Archangel Faith Formation and its affiliates to photograph my child(ren) during the 2020-2021 Faith Formation year. We understand that these images may be used in promotional materials including but not limited to, newspaper articles, newsletters, parish bulletins, faith formation or parish marketing materials or on the St. Michael the Archangel Parish website. We further understand that while our child(ren)'s name(s) will not be identified with a photo, a child's name may be mentioned within the context of an article. This permission extends for the duration of September 1, 2020 until August 31, 2021 and includes the child(ren) at the top of this page.

CIRCLE ONE: **I AM** **I AM NOT** **Allowing my child/children to be photographed and the image to be used for publications.**

IN CASE OF AN EMERGENCY OR IF I CANNOT PICK UP MY CHILD, I HEREBY AUTHORIZE THE FOLLOWING TO PICK UP MY CHILD:

NAME: _____ HOME: _____ CELL: _____

NAME: _____ HOME: _____ CELL: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only

ATTENDED 1st 2nd 3rd 4th 5th 6th 7th 8th Previous Religious Education: _____

Additional Mailing Address: _____

City: _____ State: _____ Zip: _____

Child protection on file: _____