

Religious Education Program of Owatonna

Parishes of Sacred Heart & St. Joseph, 730 S. Cedar Ave, Owatonna, MN 55060 ☎ 507-446-2302

2016-2017 Registration and Tuition Agreement

Parent/Guardian Information:

 Father's Name (Religious affiliation)

 Address

 City State Zip

 Home Phone Work Phone

 Cell Phone

 Name of Parish

 Father's e-mail

 Mother's Name (Religious affiliation)

 Address (if different)

 City State Zip

 Home Phone Work Phone

 Cell Phone

 Name of Parish (if different)

 Mother's e-mail

Your privacy is important to us. Your email address will not be used in any matter not related to the REP/CYO Program. Email addresses help control program costs by reducing postage and improving communication. By providing your email address you are consenting to receiving program updates, notices and invitations.

Registration Information: Enter the information for the students that you are registering for the 2016-2017 School Year:

Student's Name	Grade	M/F	Birth Date	School	Sacraments Received <small>*for baptism list parish, city, & state of parish or SH or SJ</small>	Preferred Class Time <small>(Circle)</small>
					Baptism – Reconciliation – Y N Eucharist – Y N	Tue – 7:30am 7-8 grade Wed – 3:00pm 1- 5 grade Wed – 6:30pm 1-6 grade and 9 -10 grade
					Baptism – Reconciliation – Y N Eucharist – Y N	Tue – 7:30am 7-8 grade Wed – 3:00pm 1-5 grade Wed – 6:30 pm 1-6 grade and 9-10 grade
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Registration Fee:

The financial impact of participating in the REP Program on our families is a primary concern of the Board and Staff. Tuition rates are set after careful analysis to provide the highest quality program for the least cost. The cost to educate a student through the REP program for 2016-2017 is \$475. This amount is subsidized by contributions from St. Joseph and Sacred Heart Churches, the CEMF Fund, and a variety of CYO fundraisers and donations.

2016-2017 Parishioner – Tuition Rates

# Students	Annual	Semi-Annual
1	\$140	\$70.00
2	\$185	\$92.50
3 or more	\$240	\$120.00

Non Parishioner – Tuition Rates

# Students	Annual	Semi-Annual
1	\$190	\$95.00
2	\$255	\$127.50
3 or more	\$290	\$145.00

Based on the above rates my total tuition amount due for the 2016 – 2017 school year is: \$ _____

A payment must accompany this registration. This amount will be applied to your tuition for the 2016-2017 school year. (Please make checks payable to REP/CYO)

I wish to use the following payment schedule:

- _____ Full annual Payment - Payment is due by July 1st
- _____ Semi-Annual Payment - Payments are due July 1st and January 1st
- _____ Other - Contact the office for special arrangements
- _____ I/We would like to sponsor another child. I/We have enclosed an additional \$40/\$50 towards the tuition assistance fund.
- _____ I am interested in volunteering as a full time catechist or office helper for REP/CYO. I understand my tuition will be waived.

Tuition Assistance:

REP does not intend to deny access to the program because of an inability to meet the tuition obligation. Limited tuition assistance is available, however, we do ask that all families make payments towards their children’s tuition. Please contact the REP/CYO Office for a confidential discussion.

I will need tuition assistance _____

Registration and Payment Agreement: As members of the Catholic community, I/we acknowledge and understand the importance of continuous Faith Formation in the daily life of our family youth. By signing this registration form, I/we freely choose to enroll our family youth in the REP program and agree to abide by its rules and regulations. I/we agree to support the ongoing goals of the program by making tuition payments according to the schedule selected.

Signature of Parent/Guardian Responsible for Payment of Tuition Date

Return to Faith Formation Office with your first payment by July 1, 2016

*****Please call the office if your child has special needs*****

For Office Use Only:			
Date Received: _____	Date Received: _____	Date Received: _____	Date Received: _____
Cash/Check #: _____	Cash/Check #: _____	Cash/Check #: _____	Cash/Check #: _____
Amount \$: _____	Amount \$: _____	Amount \$: _____	Amount \$: _____