



## Tuition and Payment Information: Registration Due by Sunday, September 9, 2018

Check one box below:

<input type="checkbox"/>	We are registered parishioners at the Church of Saint Boniface. (Parishioner Rates)
<input type="checkbox"/>	No, we are NOT registered parishioners at the Church of Saint Boniface. (Non-Parishioner Rates)
<input type="checkbox"/>	No, we are NOT registered parishioners at the Church of Saint Boniface, but would like to join.

### Ministry Discounts

Faith Formation at St. Boniface Parish is a volunteer based ministry. Due to this fact, discounts are given to families with parents active in this ministry.

- If you are catechist or an assistant catechist, an office assistant, or a prayer assistant, you may deduct \$50 from your total tuition.

### Parishioner Rates

Kindergarten– Grade 10 \_\_\_\_\_ X \$80 = \_\_\_\_\_

Tuition Ministry Discounts (See Above) - \_\_\_\_\_

If paid after September 9th, add \$25 late fee + \_\_\_\_\_

**Total Tuition Due =** \_\_\_\_\_

### Non-Parishioner Rates

Kindergarten– Grade 10 \_\_\_\_\_ X \$160 = \_\_\_\_\_

Tuition Ministry Discounts (See Above) - \_\_\_\_\_

If paid after September 9th, add \$25 late fee + \_\_\_\_\_

**Total Tuition Due =** \_\_\_\_\_

No one will be denied involvement in this program due to inability to pay the full tuition. If you need assistance, please contact the Faith Formation office at 952-446-1054 Ext:25 or e-mail [stbonifaithformation@gmail.com](mailto:stbonifaithformation@gmail.com).

**Emergency Information:** If a child needs emergency care, we will call 911 and notify parents immediately. No medical insurance is provided by the Parish or Archdiocese.

**In the event of an emergency, if we cannot be reached, please contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Physician's Name and Phone:** \_\_\_\_\_

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

**Parent Guardian Signature:** \_\_\_\_\_  
Name Date

We understand the Church of Saint Boniface Faith Formation policies and choose to enroll our children in the program and abide by these policies.

**Parent/Guardian Signatures:**

\_\_\_\_\_  
Name Date Name Date

<b>FOR OFFICE USE ONLY:</b> Amount due: _____	Amount paid: _____	Check #: _____	Cash: _____	Date Received: _____
---	--------------------	----------------	-------------	----------------------