

Please use the space below to list your children's names and any allergies or medical conditions that would affect their comfort and participation in our RE program. Please discuss any special needs your child may have that will help us to provide an enjoyable, faith sharing, learning environment.

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**FEES:**

No. of Children

Fee

\_\_\_\_\_ RE 1@ \$80. \_\_\_\_\_

\_\_\_\_\_ 2@ \$130. \_\_\_\_\_

\_\_\_\_\_ 3+ \$180. \_\_\_\_\_

\_\_\_\_\_ Eucharist X \$30.  
(generally 2<sup>nd</sup> Gr.) \_\_\_\_\_

\_\_\_\_\_ Confirmation X \$30.  
(YR 1 generally 7<sup>th</sup> Gr.) \_\_\_\_\_

\_\_\_\_\_ **Grand Total**

**Payment:**

Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

**For Office Use:**

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