

2016/2017

Date: _____

OLQM Children's Faith Formation Registration for Returning Students

Fees: \$175 for 1 child \$250 for 2 children \$300 for 3 or more children

Reduced fees: (For families who have contributed \$500 or more during 2015)

\$100 for 1 child \$175 for 2 children \$225 for 3 or more children

***Please note: Any financial concerns will not exclude your child from Faith Formation Classes.
If paying by credit card, please provide all needed information.***

Family name: _____

Marital Status: _____

Student Names:

Grade as of
9/16

Medical issues or
Special Needs

School as
of 9/16

Mom Cell: _____ Dad Cell: _____

Email: _____

Has address/home phone changed from last year? Yes _____ No _____

If so, please provide updated information _____

To be completed by Office:

Amt. Paid: _____ Check # _____ Credit Card _____ Cash _____ W _____

Date Computer Updated: _____ Updated by: _____

If paying by Credit Card, please provide the following information:

____ AMEX ____ MC ____ VISA Expiration Date: _____ Amt. _____

Credit Card Number: _____

Zip Code for Billing Address: _____ Street #: _____

Name on Credit Card: _____

Cardholder's Signature: _____

To be completed by Office:

Credit Card Entered by: _____ Date Entered: _____

Amount being charged: \$ Approval Code: Batch #