

# CCE REGISTRATION FAMILY TUITION FORM 2019-2020

**PLEASE PRINT**

**FAMILY LAST NAME:** \_\_\_\_\_

**Registered** Members of St. Philip the Apostle Parish?    YES \_\_\_\_\_    NO \_\_\_\_\_

**FATHERS INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Fathers Denomination/Religion: \_\_\_\_\_ **Virtus Trained** Yes No Where: \_\_\_\_\_ Date \_\_\_\_\_

**MOTHERS INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Email Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Denomination/Religion: \_\_\_\_\_ **Virtus Trained** Yes No Where: \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY Contact Name/Number:** \_\_\_\_\_

**List Children Enrolled in CCE**

Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____

Tuition and Program Fees	Cost
<b>Tuition:</b> One Child \$50    Two Children \$75    Three or More Children \$100	\$
<b>Reconciliation and Eucharist:</b> \$20 per child (sacramental supplies)	\$
<b>Confirmation Retreat Fee:</b> \$150 per child per year	\$
<b>Total Due</b>	<b>\$</b>

*(Office use only)*

**Total Paid:** \$ \_\_\_\_\_    **Pd Check #** \_\_\_\_\_    **Pd Cash** \_\_\_\_\_    **Amount Owed:** \$ \_\_\_\_\_