

St. Edward's Faith Formation Office  
 21 Brush Hill Road  
 New Fairfield, CT 06812

See our website at:  
[www.saintedwardchurch.org](http://www.saintedwardchurch.org)  
 203-746-4270

**FAMILY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE ZIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

## **NEW FAMILY WITH INCOMING CHILD**

### Heritage and Parent as Catechist Program

<i>Before April 30<sup>th</sup></i>	<i>After April 30<sup>th</sup></i>	
1 child      \$145	1 child	\$190
2 children    \$290	2 children	\$380
3 or more    \$365	3 or more	\$475

### Nazareth Program

1 child	\$150
2 children	\$300
3 or more	\$375

\* The Nazareth Program is open to up to 50 children on a first come-first serve basis. Nazareth registration is open from March 18<sup>th</sup> through April 30<sup>th</sup>. Please register early to ensure your child a space.

### Sacramental Program Fees

Reconciliation (2 <sup>nd</sup> Grade)	\$50
First Communion (3 <sup>rd</sup> Grade)	\$65
Confirmation (9 <sup>th</sup> Grade)	\$150
<b>Family Assessment</b>	<b>\$100</b>

Child	Grade	Tuition (before 4/30)	Tuition (after 4/30)
<b>Subtotal</b>			
Penance Program fee			
Communion Program fee			
Confirmation Program fee			
Family Assessment			
<b>TOTAL TUITION</b>			

**Registration Receipt of Payment**

**Total Due \$** \_\_\_\_\_

**Initial Payment \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Credit Card** \_\_\_\_\_

**Balance Due \$** \_\_\_\_\_

**CREDIT CARD USERS**

**Please enter your credit card information below. Your card will automatically be charged on these dates.**

Payment 2 (1/3 balance) \_\_\_\_\_ billed August 1

Payment 3 (1/3 balance) \_\_\_\_\_ billed September 1

Payment 4 (1/3 balance) \_\_\_\_\_ billed October 1

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type (circle one)                      Visa                      Master Card

Credit Card Holder Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**I hereby authorize St. Edward the Confessor Church to charge the credit card listed below for payment of fees which are listed above. I certify that I am the person who is authorized to use this credit card. An additional \$5.00 fee will be assessed each time a credit card payment is denied.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**POST DATED CHECK USERS**

Payment 1 \_\_\_\_\_ Check # \_\_\_\_\_                      Payment 3 \_\_\_\_\_ Check # \_\_\_\_\_

Payment 2 \_\_\_\_\_ Check # \_\_\_\_\_                      Payment 4 \_\_\_\_\_ Check # \_\_\_\_\_

**A \$15 fee will be assessed for each returned check.**

**Please date all checks for the first of the month. Our office processes payments ONLY on the first of the month. Checks dated for other dates will be processed on the next first of the month.**

**All Payments for Faith formation must be complete by January 1<sup>st</sup>.**

*Staff use only*

Staff Member: \_\_\_\_\_ Date Received \_\_\_\_\_