

FAITH FORMATION REGISTRATION FORM 2019 – 2020
ST. RITA CATHOLIC CHURCH, 13645 Paddock Drive, Wellington, FL 33414
OFFICE PHONE: (561) 795-4321 FAX NUMBER: (561) 795-5478

PLEASE PRINT

FAMILY NAME (Parent's/Guardian's Last Name)		HOME PHONE NUMBER	E-MAIL ADDRESS (Required)		
STREET ADDRESS		CITY	ZIP CODE		
FATHER'S FULL NAME	MARITAL ST	RELIGION	MOTHER'S FULL NAME	MARITAL ST	RELIGION
FATHER'S OCCUPATION	CELL #	CELL PROVIDER <i>Ex. Verizon, AT&T</i>	MOTHER'S OCCUPATION	CELL #	CELL PROVIDER <i>Ex. Verizon, AT&T</i>

PLEASE INCLUDE CHILD'S LAST NAME IF DIFFERENT FROM THE FAMILY OR GUARDIAN'S NAME

	CHILD	CHILD	CHILD	CHILD
NAME				
GRADE				
GENDER				
SCHOOL				
BIRTH DATE				
BAPTISM DATE & PLACE				
RECONCILIATION				
FIRST EUCHARIST DATE & PLACE				
PRIOR RELIGIOUS EDUCATION				

*If divorced/ separated, please indicate: **CUSTODIAL PARENT :** _____

DONATION FEES

FEES DUE

Family Event Yearly Fee \$150.00

Additional Fees:

High School Confirmation (Includes Youth Group) **\$ 130.00**

Middle School Edge Youth Group/Conf. Prep **\$ 50.00**

First Eucharist & Reconciliation Fee (Level 2) **\$ 70.00**

FAMILY EVENT FEE	\$ 150.00
ADDITIONAL FEES	
DONATION for families unable to pay	
TOTAL	\$

WE WILL ATTEND MONTHLY FAMILY G.I.F.T. EVENTS ON: (Please circle one)

SUNDAY: **S-1, S-2, S-3, S-4** (10:00am to 12:00noon)

TUESDAY: **T-1** (6:00pm to 8:00pm)

CHOICE OF PAYMENT:

___ **ONLINE GIVING**

___ **CREDIT/DEBIT CARD**

___ **CHECK**

___ **CASH**

NET CHARGE	DATE	AMOUNT	CHECK #	CASH	CREDIT OR DEBIT CARD NUMBER	EXP. DATE	DATE ENTERED

Please log onto www.saintrita.com for an easy link to ONLINE GIVING. Click on Faith Formation Fees and follow the directions. It is the easiest and most convenient way to make your payment.

