2017-2018
CCE REGISTRATION
FAMILY TUITION FORM

PLEASE PRINT

FAMILY LAST NAME:_____

Are you **Registered** Members of St. Philip the Apostle Parish? (Circle one) **YES** or **NO**

FATHER'S INFORMATION

Last Name_____ First Name _____

Address_____ Email Address _____

City_____ State_____Zip Code_____

Home phone _____Work #_____Cell _____

Father's Denomination/Religion:_____Virtus Trained Yes No Where:_____Date_____

MOTHER'S 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:_____**Phone #**_____

List Children Enrolled in CCE

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

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

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

Tuition and Program Fees	Cost
Registration Fee Per Parishioner Family: **$25**	$
AFTER SEPTEMBER 1ST — Late Fee applies: **$20** PER FAMILY	$
Tuition: One Child **$25** Two Children **$50** Three or More Children **$75**	$
Reconciliation and Eucharist: **$30** per child (sacramental supplies)	$
Confirmation Retreat Fee: **$150** per child per year	$
Total Due	$

(Office Use Only)

Date	Cash/ Check #	Paid Amount	Balance Remaining	Date	Cash/ Check #	Paid Amount	Balance Remaining	Date	Cash/ Check #	Paid Amount	Balance Remaining