

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

## NEW FAMILY BILLING

Family Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_

### 2019-20 Faith Formation Registration Fees

#### Heritage and Parent as Catechist Program

| <i>Before May 31st</i> |       | <i>After May 31st</i> |       |
|------------------------|-------|-----------------------|-------|
| 1 child                | \$150 | 1 child               | \$195 |
| 2 children             | \$300 | 2 children            | \$390 |
| 3 or more              | \$385 | 3 or more             | \$490 |

#### 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 |

**Family Assessment \$100 (waived for new families for first year)**

| Child                    | Grade                             | Tuition |
|--------------------------|-----------------------------------|---------|
|                          |                                   |         |
|                          |                                   |         |
|                          |                                   |         |
|                          |                                   |         |
|                          |                                   |         |
|                          |                                   |         |
| <b>Subtotal</b>          |                                   |         |
| Penance Program fee      |                                   |         |
| Communion Program fee    |                                   |         |
| Confirmation Program fee |                                   |         |
| Family Assessment        | WAIVED FOR FAMILIES IN FIRST YEAR |         |
| <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. 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 must be made by January 1<sup>st</sup> 2020.**

*Staff use only*

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