

**St. John the Evangelist Parish
Office of Religious Education
7121 Plainfield Road
Deer Park, Ohio 45236
513-791-3238**

ERE Registration/Tuition Statement for Levels 1-7

The cost of the Elementary Religious Education Program for the 2009/2010 school year is \$35.00 per child if **payments & registration** are submitted by Monday, July 20, 2009. If a family has more than two children in the Program the total will not exceed \$85.00.

After July 20, 2009 the **Registration Fee** is \$45.00 per child and \$100.00 for a family with more than two children in the Program.

Please note: if your child will be in a sacramental class level (2 & 7) there is a \$10 additional fee for sacramental preparation books and supplies.

Classes for Levels 1-7 are held on Wednesday evenings, 7-8pm, in Letterst Hall, located off of the St. John Church parking lot.

Please complete the following information and return it to Laura Davis at the St. John the Evangelist Religious Education Office. Checks should be made payable to St. John the Evangelist Church.

Please write ERE Tuition on the check memo line & outside of envelope. **Fees must be paid in full, or payment arrangements made, no later than Wednesday, September 30th.**

Please talk to us...no child will be turned away due to financial hardship.

ERE Registration Form

Family name _____ Mother: _____ Father: _____

Address _____

Home Phone: _____ Cell: _____ Email _____

Parish Affiliation: _____

Child One: _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

Child Two: _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

Child Three: _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

Child Four : _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

I am including the full tuition payment of \$_____.

_____ I cannot afford to pay the full tuition right now and need to consult regarding monthly payments.

Please contact me at (phone) _____ to discuss.

Parent Signature _____