

**ST. MARY'S BASILICA
PAYMENT PLAN FORM 2016-2017**

PERSONAL INFORMATION

Parent / Caregiver's Full Name: _____

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Cell _____

Email: _____

Children Enrolled in Faith Formation:

Name: _____

Name: _____

Name: _____

Name: _____

REGISTRATION FEES

Registration fees partially cover the cost of curriculum materials, arts and crafts supplies, and office supplies for Children's Faith Formation. The fees are as followed:

One Child = \$45.00 Two Children = \$80.00 \$35.00 per child if three or more children

Total Amount Owed: _____

PAYMENT PLAN

The total registration fee for Children's Faith Formation may be divided up into four equal payments. The first payment installment is due at the time of registration. The three remaining equal payments are scheduled for:

1st Payment Installment:	At Registration	Amount Owed: _____
2nd Payment Installment:	October 9, 2016	Amount Owed: _____
3rd Payment Installment:	November 13, 2016	Amount Owed: _____
Final Payment Installment:	January 8, 2017	Amount Owed: _____

For Office Use Only:
Entered into Database: Yes

PAYMENT PLAN

The total registration fee for Children's Faith Formation may be divided up into four equal payments. The first payment installment is due at the time of registration. The three remaining equal payments are scheduled for:

1st Payment Installment: At Registration Amount Owed: _____

Registration Fees Paid: _____	Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit/Debit <input type="checkbox"/>
Receipt Number: _____	For Office Use Only		

2nd Payment Installment: October 9, 2016 Amount Owed: _____

Registration Fees Paid: _____	Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit/Debit <input type="checkbox"/>
Receipt Number: _____	For Office Use Only		

3rd Payment Installment: November 13, 2016 Amount Owed: _____

Registration Fees Paid: _____	Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit/Debit <input type="checkbox"/>
Receipt Number: _____	For Office Use Only		

Final Payment Installment: January 8, 2017 Amount Owed: _____

Registration Fees Paid: _____	Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit/Debit <input type="checkbox"/>
Receipt Number: _____	For Office Use Only		