THE Parish OF ST. CATHERINE OF SIENA AND ST. AGNES

Faith Formation Program 2025-2026 Tuition Assistant

Name of parent/guardian requesting assistance: _____

Family Home Address: _____

Family Email Address: _____

Family Phone Number: _____

List children enrolled in Faith Formation 2024-2025 Program

	Child's Name	Date of Birth	Grade/Session
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Fees:

1.	Number of Children to be enrolled in faith formation	X	_____
2.	Base rate for all children (i.e. $300 for 1, $500 for 2, etc.)	X	_____
3.	Number of Children receiving a sacrament in spring 2026	X	_____
4.	Total Sacrament Fee ($100.00/child receiving a sacrament)	X	_____
5.	Total Due for all children	X	_____
	Amount of Tuition Assistance Request (Preferably 50% of Registration Fee Only)	X	_____

Please provide information regarding the reason you are requesting assistance:

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Thank you for your submission. We will contact you with any questions and to provide a status.

Office Use Only

Approved by: _____ Date: _____

Amount: _____