

Family Name \_\_\_\_\_ Envelope # \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Home Address \_\_\_\_\_

**St. Joseph, HOM  
Faith Formation 2022-  
2023 Tuition & Fee  
Worksheet**

Please use the schedule below to tally  
your fees.

Tuition and fees are expected to be paid  
in full at time of registration\*.

If you are a parishioner in need of  
financial assistance, please check here

**Tuition Schedule**

**Tuition:**

\$100.00 a year per child\*  
(Ages 3 through grade 12)

(\*family of three or more \$300.00 cap.)

**Sacramental Prep/Retreat Fee:**

(Fee covers extra books, retreats,  
materials, speakers, etc.)

**Reconciliation & Eucharist, RCIC  
Prep (grades 1-8)**

\$30.00/year per child.

**Confirmation Retreat Fee  
(Grades 9-12)**

\$150.00/year per child

*\*Times are tough, if you can help  
sponsor a child in need, please fill in the  
amount to be applied to the scholarship  
fund on the appropriate line. Thank You!*

**Tuition Total from Schedule**

Tuition Fee: \$100.00 x \_\_\_\_\_ children

⊗ **Total Family Tuition Fees \$** \_\_\_\_\_

Sac. Prep. Fee (gr.1-8)

\$30.00 x \_\_\_\_\_ children

Confirmation Retreat Fee (gr. 9-12)

\$150.00 x \_\_\_\_\_ children

⊗ **Total Sac. Prep/Retreat**

**Fees \$** \_\_\_\_\_

⊗ **Previous Year Balance due \$** \_\_\_\_\_

\*Scholarship donation \$ \_\_\_\_\_

⊗ **Total Amount Due: \$** \_\_\_\_\_

⊗ **Total Amount Paid: \$** \_\_\_\_\_

Cash / Credit / Check # \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Financial Acknowledgement of Balance  
Due for Registration.**

Any previous year's balance and all tuition  
fees must be paid before children are enrolled  
in class. If a fee balance remains, please  
make payment arrangements online at  
[www.stjosephhom.org](http://www.stjosephhom.org).

Click on the Faith Formation tab and select  
Youth Faith Formation from the drop-down  
menu.

Select your student's age group and click on  
the "Pay Now" button.

*Registration forms will not be accepted until  
payment arrangements have been made.*

I agree to pay the remaining student fee  
balance of \$ \_\_\_\_\_ in full by \_\_\_\_\_

Signature

\_\_\_\_\_/\_\_\_\_\_/2022

Please list all children in the family on the back of this worksheet.

Family Name \_\_\_\_\_ Envelope # \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Home Address \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

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